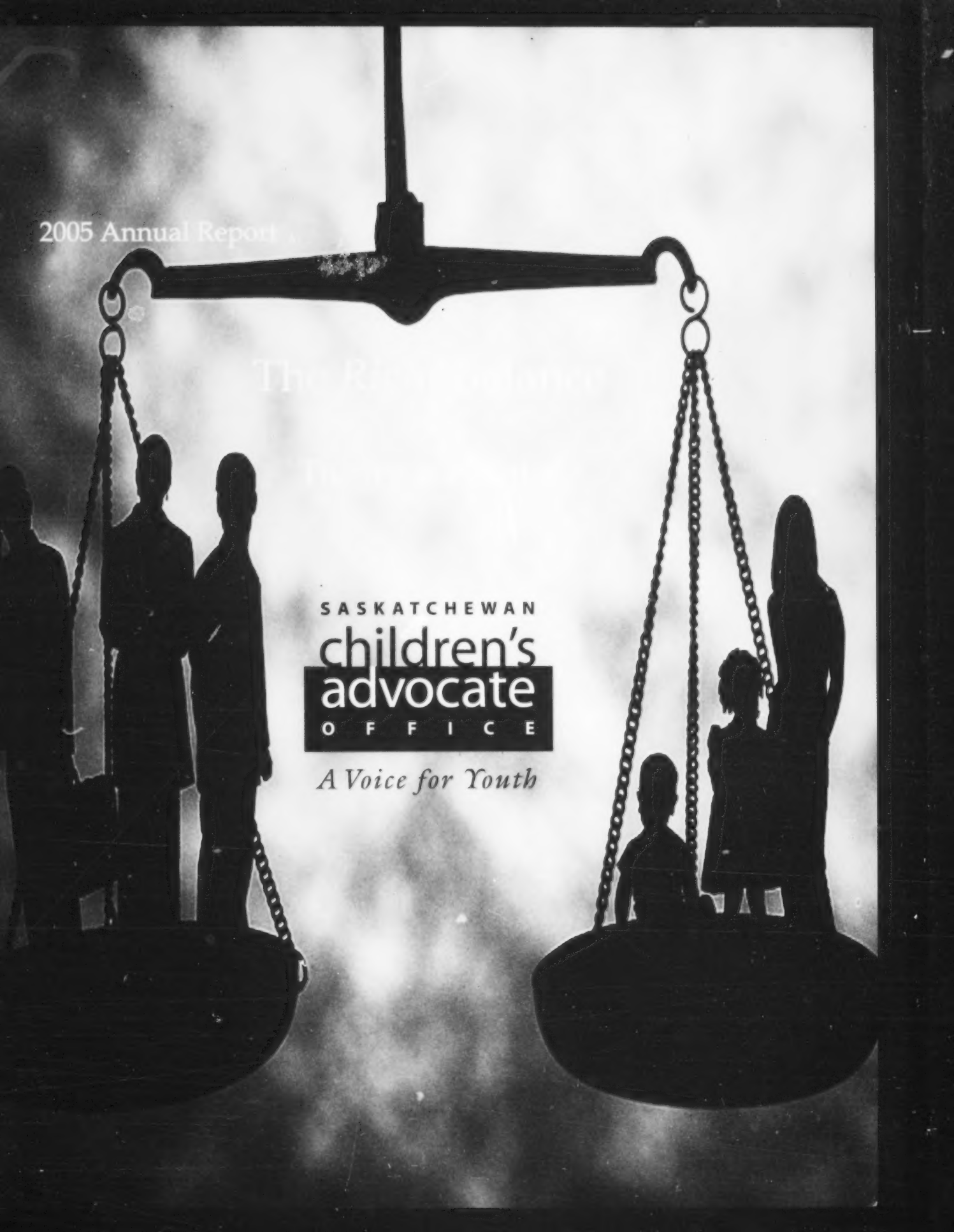
2005 Annual Report
SASKATCHEWAN
children's
advocate
OFFICE
A Voice for Youth

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A Voice for Youth

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SASKATCHEWAN

Letter of Transmittal

April 2006

The Honourable P. Myron Kowalsky
Speaker of the Legislative Assembly
Legislative Building
Province of Saskatchewan
Regina, Saskatchewan

Dear Mr. Speaker:

In accordance with *The Ombudsman and Children's Advocate Act*, it is my privilege to submit to you and to the Members of the Legislative Assembly my first Annual Report, having taken office on September 6, 2005, as Saskatchewan's Children's Advocate.

Respectfully,

Marvin M. Bernstein

Marvin M. Bernstein, B.A., LL.B., LL.M.
Children's Advocate
Province of Saskatchewan

2005 Annual Report

The *Right* Balance

Theory & Practice

"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration."

(Article 3.1; The United Nations *Convention on the Rights of the Child*)

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Children's Advocate

Since its inception in November 1994, the Children's Advocate Office (CAO) has worked diligently to ensure that the interests, well-being, rights and voices of children and young persons are respected and protected, particularly in relation to the provision of government services to this vulnerable age group.

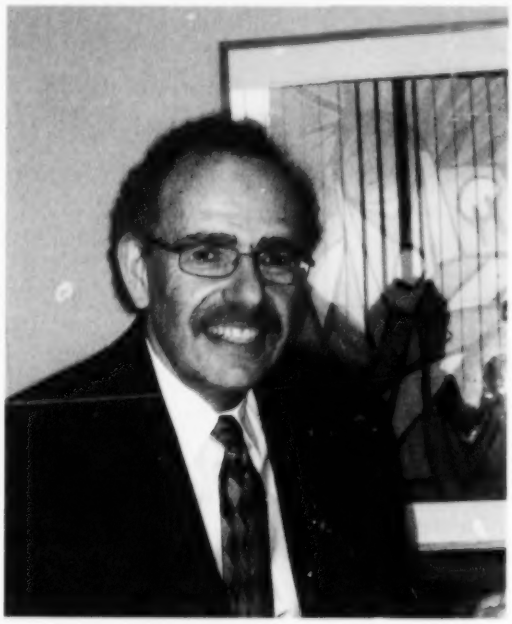
The successful outcomes achieved by this Office are directly attributable both to the visionary leadership provided by my predecessor, Dr. Deborah Parker-Loewen, and to the commitment and passion of all the staff who have worked in the Children's Advocate Office over the years.

On the occasion of the delivery of my first Annual Report, I am struck by the progressive legislation, *The Ombudsman and Children's Advocate Act*, that created this Office and formed the foundation for its work. While often overlooked, the foresight that established this Office is to be commended and I wish to underscore the sense of pride, honour and gratitude I have experienced in being appointed as Saskatchewan's second Children's Advocate.

The position of Children's Advocate represents an enormous public trust and one that I take very seriously. It is my duty and obligation to elevate the voices of young persons throughout this expansive province, when receiving services from the provincial government, particularly where they are most vulnerable and are most lacking in natural and community advocates.

It is my hope that through the various processes used in our Office, we can bring about a change in societal attitudes so that children and young persons are seen as full rights-holders, whose fundamental dignity is always respected and valued within government and in our local communities.

It is important to recognize that there are many essential rights conferred upon children and young persons – such as the right to an adequate standard of living; the right to protection from violence; the right to a free elementary and secondary school education; and the right to needed health care, including specialized care, if there is a disability – all



of which are outlined in the United Nations *Convention on the Rights of the Child* (UN CRC).

At times, children's rights appear to be a "hard sell" and it can be discouraging when many segments of our society do not seem to understand "what all the fuss is about". To some degree, this stems from two basic misconceptions that cause children and youth to be seen as objects of concern, rather than as full persons and rights-holders. The first misconception is that children do not have the capacity or knowledge to participate in any significant decision-making discussions and should not, in any event, be challenging parental authority. But, as we know, every

right conferred has a corresponding and inherent responsibility.

The second misconception is founded on the belief that the development of child protection laws has provided a sufficient safety net for children and youth. However, this is to confuse the issue by equating "child protection" with the concept of "children's rights". As Professor Anne McGillivray, of the University of Manitoba, has pointed out:

"[Child] protection is about incapacity… weakness, powerlessness, lack of status, whereas rights are about capacity, will, power and, of course, high status.

Protecting children is a strong rallying point for action, but children's rights and child protection is not the same thing. Up until recently, 'children's rights' was an oxymoron, a contradiction in terms – [the thinking being

that] children do not have rights [precisely] because they are children". [1]

On a positive note, we must remember that we have advanced a great deal from the concept of children as "chattels" or "non-persons". In fact, the United Nations *Convention on the Rights of the Child* is the most widely endorsed international treaty in history, ratified by 192 nations,[2] and clearly reflects the commitment of those nations to respect and promote the positive development and best interests of their children and youth. As one commentator has stated:

"The *Convention on the Rights of the Child* is deliberately oriented towards the 21st century in its recognition of the child as a person endowed with a heart and feelings, possessing rights, and not just as a small, fragile being who has to be defended against others and against himself or herself." [3]

It has been suggested that the three primary features of the rights-based approach are as follows: [4]

1. All rights are equal and universal;
2. All people - including children - are the subject of their own rights and should be participants in development, rather than objects of charity; and
3. An obligation is placed on States to work towards ensuring that all rights are being met.

The challenge for Saskatchewan and Canada is to translate theory into practice to ensure that we are complying with our international obligations. This was found to be a significant concern in the Interim Report recently delivered by the Standing Senate Committee on Human Rights. In this regard, we must do all we can to have the UN *Convention on the Rights of the Child* seen as a living and evolving instrument for enabling and entrenching rights, instead of simply as a static abstract document, which leads to empty rhetoric and mere platitudes.

We have to encourage government departments, policy-makers, legislators, judges and all relevant community advocates and stakeholders to become more aware of the principles contained in the UN *Convention on the Rights of the Child* and begin to see it explicitly referenced in policies, legislation and most importantly, practice. It should

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[1] Transcript of testimony of Professor Anne McGillivray before Standing Senate Committee on Human Rights (September 26, 2005), p. 2.

[2] Only the United States has failed to sign the Convention, while Somalia has signed, but failed to ratify the Convention

[3] Justice Jean-Pierre Rosenczveig, President of the Board of Directors of the International Bureau for Children's Rights, International Bureau for Children's Rights Conference, *Making Children's Rights Work: National and International Perspectives*, Montreal, November 18, 2004, as cited in the Interim Report of the Standing Committee on Human Rights, *Who's In Charge Here?*, November 2005, p. 11.

[4] Tara Collins, Senator Landon Pearson, Caroline Delany, Discussion Paper, *Rights-Based Approach*, April 2002, p. 1, as cited in the Interim Report of the Standing Committee on Human Rights, *Who's In Charge Here?*, November 2005, p. 12.

also be read as a companion document - in conjunction with both the *Canadian Charter of Rights and Freedoms* and the Concluding Observations of the UN Committee on the Rights of the Child.

Mr. Paulo Pinheiro, the Independent Expert for the United Nations Secretary-General's *Study on Violence against Children*, has astutely stated:

" Children are not mini-human beings with mini-human rights. As long as adults continue to regard children as mini-human beings, violence against children will persist. Every boy and girl, as any human being, must have their rights completely respected to develop with dignity. Any form of violence can only undermine their development." [5]

We have all heard the phrase, "It takes a village to raise a child"; however, I prefer the inversion of that phrase, coined by the Communities For Children organization, "It takes a child to raise a village". This paradigm shift requires all of us to see children and young persons as individual rights-holders and citizens, who are capable of contributing to society in a dynamic and evolving manner. This, in turn, places an obligation on all of us to create genuine and welcoming opportunities for children and young people to participate to their fullest capabilities. But how do we do this?

One approach is through "youth engagement", which has been defined as "the meaningful participation and sustained involvement of a young person in activity, with a focus outside of him or herself." [6] This definition implies that effective youth participation cannot be an exercise in tokenism or reduced to an isolated event.

At a recent conference in Halifax dealing with youth engagement, the following themes emerged from discussions with the young people in attendance:

- The focus of youth engagement needs to be on teaching adults how to become engaged with young persons, rather than in assuming that the problem lies with young people, who do not appreciate the value of engaging with adults.
- Effective youth engagement means more than nominal participation and requires the engagement of young persons "as citizens" with a vested interest in contributing their observations and experience to assist in addressing a wide range of issues of social concern.
- Effective youth engagement is hard work and requires an attitudinal shift; a clear and realistic set of objectives; a flexible process to accommodate the changing circumstances of young persons; and appropriate training.

A second – and preferred - approach is to take youth engagement to its highest level and to treat young people as "citizens of today, not of tomorrow," [7] a phrase used by Professor Aynsley-Green, Children's Commissioner for England. In addition, it is critical that our policies, practices and legislation are developed in a manner that reflects this reality. It is also important that we do not merely

[5] Paulo Pinheiro, Statement by the Independent Expert to the North American Regional Consultation for the United Nations Secretary-General's *Study on Violence against Children*, Toronto, June 3, 2005, p. 6 (www.violencestudy.org)

[6] Pancer, Rose-Krasnor, Loiselle, *What is Youth Engagement?*, (2002), The Centre of Excellence for Youth Engagement, at www.tgmag.ca/centres/index_e.html.

[7] Professor Al Aynsley-Green, Children's Commissioner for England, testimony before the Committee, October 10, 2005, as cited in the Interim Report of the Standing Committee on Human Rights, *Who's In Charge Here?*, November 2005, p. 10.

[8] Judy Finlay, Unpublished Paper presented to the Centre for Children and Families in the Justice System, June 16, 2005. p.7.

[9] Ibid., Slides annexed to Unpublished Paper

acknowledge the existence of young people as the embodiment of our hope for the future, since that begs the question of their capacity for full participation here in the present. According to my counterpart in Ontario, Judy Finlay, "Youth need to be viewed as fully participating members of society in order for their citizenship to be meaningful and effective." [8] Ms. Finlay has also compiled a list of the four dimensions of citizenship, which consist of the following:[9]

1. Rights and responsibilities;
2. Access to these rights and responsibilities;
3. Voice and participation; and
4. Feeling of belonging to one's community and having an identity

At the Children's Advocate Office, in all facets of our work, we treat young persons as full citizens and participating members of society. Incorporating youth voice is a fundamental principle of all work conducted by our Office. In accordance with Article 12 of the UN *Convention on the Rights of the Child*, all young persons are to be provided with an opportunity to express their views in matters concerning them. Our Office believes that this includes the right of all Saskatchewan children and youth to be provided with the opportunity to express their views, to their maximum capabilities, in relation to all new policies, programs and legislation developed to serve them. Our Office continues to be guided by the expression, "Say Nothing About Me Without Me"[10]– a constant reminder that children and young people ought to be included and invited to participate in matters that impact upon them.

Within our Office, we have also learned that building strong and healthy children and young people means supporting families and communities today in order to ensure that our children's optimal development is secured. There is no time to waste – these children and young persons are not only our "future", but they are our "today" and we must continue to support their capacity on an ongoing basis, so that they can not only mature into responsible and caring adults "tomorrow", but also contribute to their maximum potential "today".

I wish to close with a wonderful passage from a speech delivered by Senator Landon Pearson, which sums up my personal perspective:

"It is impossible to predict the future…But one thing this past century has taught us for certain is that there can be no global security without human security; no human security without respect for human rights; no respect for human rights without respect for children; no respect for children without hearing what they have to say. In our interconnected world, we have to be more than just observers of children's suffering, we have to be partners with them in their struggles, talking with them and listening to them because they know so much more than most adults about what really works for them. Then together we can act."[11]

Thus, is the theme of my first Annual Report to the Saskatchewan Legislature – The Right Balance; Theory & Practice. Although challenging, we must constantly strive to improve our standard of practice when it comes to rights entitlement. We must be mindful and ever vigilant that we do not allow history to repeat itself, returning to a time when rights of vulnerable members of our society were discounted as unnecessary or unwarranted. It is up to our legislators, our Government and each of us, to ensure we are ever respectful of the individual rights of all persons, including the young persons of our society, thereby setting the standard of behaviour and providing the leadership necessary in this regard. Only then will we move our society forward in a caring, compassionate and progressive manner, building on our greatest natural resource – our children.

Respectfully Submitted,

Marvin M. Bernstein

Marvin M. Bernstein, B.A., LL.B., LL.M.
Children's Advocate
Province of Saskatchewan

[10] See Children's Advocate Office Fact Sheet, *Youth Participation: Say Nothing About Me Without Me.*

[11] Senator Landon Pearson, Rights of the Child in the New Millenium, Whittier Law School Symposium, April 12, 1999, at www.sen.parl.gc.ca/lpearson/index-e.html.

Executive Summary/Overview — The *Right* Balance: Theory and Practice

As citizens in a society such as ours, we often present our vision to others of tolerance, understanding and compassion with a great deal of pride. Our governments can point to policies that reflect our ideals of respect for others and the commitment we have to the protection of individual rights. However, the real test of such ideals is the test of practice. Do we ensure that the good policies, procedures and legislation that we have developed are implemented in a way that reflects the intention of respect for others, protection of rights and tolerance of diversity?

The Children's Advocate Office (CAO) continues to struggle with this question of ***Theory and Practice***. The issues continually presented to the CAO are very seldom that of missing policy – but more regularly, of non-compliance with policy. While providing an overview of the work undertaken by the Children's Advocate Office in 2005, it is the intention of this Annual Report to highlight a number of issues that continue to impact on the children and young persons of this province that seriously affect their well-being. Our purpose is to raise awareness of these important issues that create pressures within our care delivery systems and challenge us to do better as a government and as a society.

"In the end we will remember not the words of our enemies; but the silence of our friends."

Martin Luther King

It is an enlightened society that builds into its structure additional safeguards such as that envisioned through the Saskatchewan Children's Advocate Office. Safeguards are put in place by legislators to protect the individual rights of children and young persons. The Children's Advocate has been given the responsibility to ensure such safeguards are implemented in practice throughout all Government care-giving systems in a consistent and meaningful manner.

By reviewing policy and, more importantly, practice, we can work together to build on the spirit that built this province – the spirit of cooperation, caring and concern.

Individual & GroupAdvocacy

When *The Ombudsman and Children's Advocate Act* was introduced and the first Saskatchewan Children's Advocate appointed in 1994, advocacy services were developed and became the primary focus of the CAO. During the course of each year there are themes or repeating concerns that surface in the work of the CAO.

Non-compliance with policy, specifically with the Department of Community Resources and Employment (DCRE) is one of these. The CAO and the Provincial Auditor have each made recommendations to the DCRE for improved quality assurance and the Department has reported substantial gains in its Annual Report. However, there is room for improvement when non-compliance with policy is noted in many of the Child Death Reviews, critical injuries and advocacy files within the CAO.

The advocacy services of the CAO have identified a number of ongoing issues: the inadequate case management of files; the inability of children to access appropriate services; the lack of permanency or long-term planning; the frequency and number of moves from one foster home to another; the premature planning for the reunification of children; the lack of opportunities for children to participate in case planning; and the suffering of critical injuries by children where protection concerns existed.

Investigations

Advocacy services to children and young persons are provided to individuals and groups through non-adversarial methods. In addition, the CAO undertakes public education to inform the public about the Office and the rights of children. Research and investigations about specific matters that affect the well-being of children, in particular those of child deaths, are undertaken. The objectives are to prevent further deaths, to improve policy, and to practice and enhance public accountability of services to children and young persons through recommendations to

Government, its departments and agencies.

For over a decade, the CAO has advocated for children and young persons. It has informed the public and those who make policy that affect children and young persons about their needs and interests including children's rights and entitlements. What the CAO has not done, except in very exceptional cases, is to offer young persons an impartial investigation into administrative decisions that affect them.

In light of the recent concerns raised in other provincial jurisdictions regarding the adequacy of scrutiny of child deaths, the recent decision to reduce the number of Child Death Reviews needs to be re-examined, particularly when disregard for policy remains a significant issue in our files. As well, the Children's Advocate is concerned that his office is waiting up to three years to receive the internal Child Death Reviews from the DCRE. The delays are preventing the CAO from providing timely findings and recommendations that could potentially save lives and prevent injuries to the children receiving services from Government.

In addition, the CAO has been requested to investigate critical injuries of children, an area of dire concern for the health and well-being of children. The CAO's examination of its investigative policy is intended to provide the appropriate level of review necessary to reduce further deaths and critical injuries to Saskatchewan children, while protecting their rights and well-being.

Systemic Advocacy

This past year has seen a number of systemic issues emerge. The Supreme Court of Canada's ruling on Section 43 of *The Criminal Code of Canada* provided the opportunity for the CAO to present government with recommendations on implementing policy. Research was also undertaken on addiction services for children and young persons, and dialogues with youth were held to inform Government regarding their opinions.

The new legislation, *The Youth Drug Detoxification and Stabilization Act*, not only affects services to children and young persons, but also their rights. The Children's Advocate objected formally to this legislation by asking for public hearings; an opportunity to address the Standing Committee on Human Services; amendments to the proposed legislation before enactment; and amendments to the Regulations before proclamation.

Children in Care

By Year	2004	2005
DCRE	3081	2907
(Source: 2004/05 DCRE Annual Report)		
FNCFS	1133	1099
(Source: Mark Ziolkowski, INAC,06)		
Total	4214	4006

The Government 's response to the First Nations and Métis Peoples Justice Reform Commission made commitments to improve justice for the youth of Saskatchewan, and the CAO has engaged in review and dialogue to improve services for young persons.

The United Nations invited the Youth in Care and Custody Network (Network) to participate in youth round-tables to discuss violence against children. The CAO partnered with the Network to bring forward the voices of Saskatchewan youth to this important forum.

Input and recommendations were also provided to Saskatchewan Learning on their new Bullying and Harassment Prevention Model policy, resulting in the inclusion of youth voice and children's rights in policy.

Systemic Advocacy continues to be a central commitment of the CAO. The inclusion of youth voice in all issues that the CAO brings to the attention of Government is a cornerstone of all our systemic advocacy.

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Executive Summary/Overview (cont.)

In addition to the systemic issues previously identified, a number of new initiatives are presenting themselves and will be reviewed throughout the 2006-2007 fiscal year. These issues include:

Children's Access to Justice

Is there a need for independent legal counsel for children in child protection matters before the courts? Is the length of time a child remains in foster care awaiting family court decisions reasonable?

Permanency Planning for Children in Foster Cares

How many foster home placements are children in care subjected to before they are afforded permanency?

Safety of Children in Care and in Extended Family Placements

Is the overloading of foster homes placing children at risk? What standards of care are afforded those children who are placed with extended family?

The percentage of children with protection concerns living with extended family is 37%; this is an increase from 34% over 2003/2004 (DCRE: *AR 2004/2005*). Standards in these homes are, and will become, more of an issue as more children are placed with extended family.

Health

There are children's health issues in addition to addiction services. For example, there is a lack of case managers for high medical needs children released from hospital is a significant concern.

Community Advocacy

The demographics of Saskatchewan's youth population which the CAO was created to serve, present its own challenges. The number of First Nations and Métis children and youth in the north and far north calls for creative means of delivering services. The CAO is committed to continuing to explore ways to ensure the voices of these young persons are heard. One way to do this is through continued partnering with the Ombudsman and the Human Rights Commissioner to be a presence in the north - to meet with individuals, groups and agencies - thereby making our services more accessible.

Public Education

The CAO is committed to implementing programs that increase the public's overall awareness and knowledge of the rights of children and the role of the CAO. One initiative currently being refined is a Community Advocacy Workshop. This workshop promotes advocacy skills and provides resource awareness; for example, an advocate for children and youth must know what services are available and how to access them. Designing a Peer Advocacy Workshop is a sequel to the Community Advocacy Workshop.

Children in Northern Saskatchewan

- **47% of the population in northern Saskatchewan is under the age of 20 (compared with the south at 28.6%)**

Age range data in Northern Saskatchewan

0 – 4	3,740
5 – 9	4,025
10 – 14	4,045
15 – 17	2,115

(Source: Stats Canada 2001 Census)

An ongoing and serious commitment for the CAO, founded on the UN *Convention on the Rights of the Child*, is the need to ensure that the voices of young persons are heard in a respectful and meaningful way on all issues that affect their lives and well-being.

The CAO continues to develop methods that allow the voices of young persons to be heard effectively throughout the work we undertake. The Rights Advocacy Project (RAP) has been a great success and the intention of the CAO is to move the program into a community-based initiative. The strategy for partnering with the community has not been finalized, but some of the options being explored include partnering with schools to enhance youth leadership, awareness of rights and volunteerism.

Public education projects such as these ensure the ongoing public dialogue and public accountability regarding the treatment of children and young persons, as well as their rights and entitlements, throughout the care-giving services provided by our Province. In this manner, the Children's Advocate continues to act as a voice for the children and young persons of this province, ensuring that their rights and well-being are protected and their voices heard.

Public Education

As part of its legislated mandate, the Children's Advocate Office engages in public education to raise the awareness of children's and young person's rights and the role of the Office throughout Saskatchewan.

"Advocates emphasize and strengthen the voice of young people. As protectors of children's voices and rights, Advocates are, in a sense, the safeguard of safeguards. Advocates play a critical role in ensuring that young people in care have meaningful access to their rights."

(Geigen-Miller, M., 2003)

To meet its mandate, a variety of public education activities are undertaken. In 2005, the CAO staff presented to a wide variety of organizations.

"I have been strapped. I never understood the reasons why or what I had done wrong; I do remember the fear and pain..."

(Youth leader, focus group for the'North American Regional Consultation for the UN Secretary-General's Study on Violence Against Children, 2005)

Through its RAP Coordinator, the CAO was involved in over 30 Rights Advocacy Project presentations involving over 600 students throughout Saskatchewan. One goal of this project was to reach a number of communities outside of the two major urban centers, including Pelican Narrows, Swift Current, Prince Albert, Creighton and North Battleford.

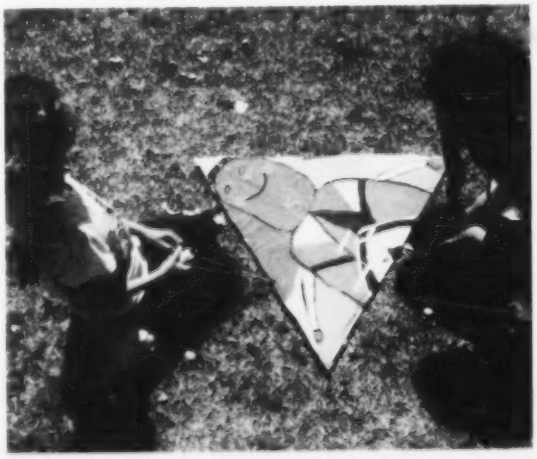
Additionally, the Children's Advocate publishes position papers on significant issues for children and young persons in this province. Entitled *CAO Perspectives*, this public educational tool is released from the Children's Advocate periodically to stimulate public discussion, advise Government and its departments by providing recommendations and background concerning the issues discussed.

The first of these documents was released in response to the Supreme Court of Canada's ruling on Section 43 of *The Criminal Code of Canada* regarding corporal punishment. The discussion paper contained several recommendations to the Saskatchewan Government and their respective departments, and can be found on the Children's Advocate's web site at **www.saskcao.ca**.

The professional expertise of the staff of the CAO continues to be exemplified by the work the Office undertakes that has far-reaching significance.

Shaun Soonias, an Advocate with the CAO, participated as part of the Executive Interchange Canada Program with the Federal Department of Justice; Youth Justice Policy Unit, as a Senior Policy Analyst. His role was to provide a response with recommendations to the Department's study, entitled *A One-Day Snapshot of Aboriginal Youth In Custody Across Canada: Phase II*. Out of the interchange, he was asked to present his findings at the 2005: International Conference on Special Needs Offenders - Mental Health and Justice, and the National Youth Justice Roundtable, entitled "Aboriginal Mentoring Forum".

In the summer of 2005, Roxane Schury, CAO Advocate, worked at the NGO Group for



Public Education (cont.)

the UN *Convention on the Rights of the Child* in both their Liaison Unit and their Focal

Point Programme on Sexual Exploitation, Abuse and Violence. This Agency is based in Geneva and builds coalition at an international level to promote child rights and provide research and support to the UN *CRC*. Ms. Schury attended the 39th Session of the UN *CRC* Committee as support to the NGO Coalitions, and to monitor and report on the State Party presentations internationally through the Child Rights Information network. Ms. Schury also contributed to a research project conducted by the Focal Point Programme titled *Violence Against Children: What do NGO's Know? What do NGO's Say?* This research was submitted to the UN Violence Against Children Study.

Daily, the CAO is asked to assist and support community groups concerned with the rights of children and youth in the development of positive policy that respects the voice and well-being of youth.

In addition to these activities, the staff of the CAO participated in a number of public presentations and training sessions to a number of community, agencies and government departments. While the topics of these public education initiatives varied, the underlying theme of the protection and well-being of the children and youth of this province remains a cornerstone of CAO presentations.

As part of its commitment to public education and the role of youth voice in the issues that affect the young persons of this province, the CAO conducted four focus groups with a variety of youth across the province.

The goal of these "youth dialogues" was to discuss the issue of addictions and its impact on the lives, security and well-being of young persons in this province. These dialogues help the CAO understand the scope and significance of the issue from a young person's perspective. These dialogues are captured in a document *Say Nothing About Me Without Me*. The document can be viewed in its entirety at **www.saskcao.ca**; follow the links to Youth Voice.

In conjunction with the youth dialogues concerning addictions, the Children's Advocate Office contracted independent research to secure a report on the quality and quantity of addiction services to children and youth in Saskatchewan. This report has helped the CAO identify important systemic issues that need to be considered in the development of effective treatment programs for young persons.

Of key importance is the fact that young people have different developmental pathways, and consequently, adapting an adult program and adult trained staff is not sufficient. The report also identified the need to consider not only the substance being abused, but the age, gender and capacity of the person doing the abusing.

The CAO continues its commitment to bring the voices of young persons forward to be heard in every aspect of its work and through public education. The inclusion of youth voice contributes to the development of a society that respects and values the inherent dignity of young persons as full rights-holders and as contributing members of society in the present, as well as in the future.

It is the perspective of the CAO that any successful strategy to address youth addictions must include the participation of young people themselves and must support action on their ideas and recommendations. Young people have valuable knowledge regarding the barriers to accessing existing services and the gaps that they have experienced.

Say Nothing About Me Without Me

Today, young people are struggling to achieve their rights – not unlike other groups, equally vulnerable, before them. History has taught us the damage that is caused when individual rights are not protected and are deemed to be unnecessary or unwarranted for some groups. In particular, the struggles of minorities, women, persons with disabilities and aboriginal people, highlight the vigilance with which our society must persevere in protecting individual rights.

Increasingly, young people want a say in matters that affect them. Indeed, Article 12 of the UN *Convention of the Rights of the Child* expresses that young people should be free to voice their opinions and to assert their views on matters that affect them.

In theory it sounds simple. Yet, in practice many organizations and communities struggle continually to engage youth in a meaningful way and to develop initiatives that are connected, engaging and respectful for youth. Traditionally, advocates for children were adults working diligently for increased resources, services and laws to protect children. But child protection cannot be confused with protecting the rights of children and young persons. The voices of children need to be heard in a way that is meaningful and respectful and considers their issues in relation to decisions that have an impact on their well-being. In today's society it is important that young persons have knowledge of their rights and responsibilities in order to become their own, effective, self-advocates and productive contributors to their communities.

Youth Engagement is the meaningful and sustained involvement of a young person in an activity, focusing outside the self.

(Centre of Excellence for Youth Engagement, 2005)

The voice and participation of youth is essential for the promotion of their development and acquisition of their entitlements. Young people actively engaged and involved in decision-making become invested in their well-being which promotes self-mastery. (Canadian Council of Provincial Child and Youth Advocates, 2005)

The Saskatchewan Children's Advocate Office is committed to providing opportunities for meaningful youth participation and skill-building for Saskatchewan young people in all aspects of its work. The goals for the youth participation/voice projects at the CAO provide opportunities for Saskatchewan young people to:

- Say what they think
- Participate in issues that affect them
- Build skills so that they can actively participate in their communities in a meaningful way
- Learn to become effective self-advocates

Recently the Youth Engagement sector of the CAO has undergone a systemic reconfiguration. Since 1998, the Provincial Youth Delegation (PYD) had acted as the youth advisory board for the Children's Advocate Office. In May 2004, the PYD concluded its activities on behalf of the CAO, in order to allow for a new way to meaningfully engage young people in the Office.

The Youth Voice Team was created from this new strategic direction. The team consists of two youth coordinators (the Youth Facilitator and the RAP Coordinator), the Director of Communications and the Deputy Children's Advocate. The purpose of the Youth Voice Team is:

- to further youth initiatives within the CAO;

Youth Engagement (cont.)

- to create meaningful youth/adult partnerships; and,
- to bring the voices and concerns of Saskatchewan youth to the attention of the CAO, provincial government officials, and policy-makers.

The goals of the Youth Voice Team are carried out in the form of two primary youth

engagement initiatives: The Rights Advocacy Project and Systemic Youth Engagement.

The Rights Advocacy Project (RAP)

In response to the observed need for early rights-based education among Saskatchewan young people, the CAO embarked on a two-year research project to develop an interactive presentation on rights and advocacy. Beginning in 2001, the research project consisted of two phases:

- a needs assessment phase (including youth and adult focus groups and extensive research of current rights education projects); and,
- a pilot presentation phase (consisting of 10 pilot presentations across Saskatchewan).

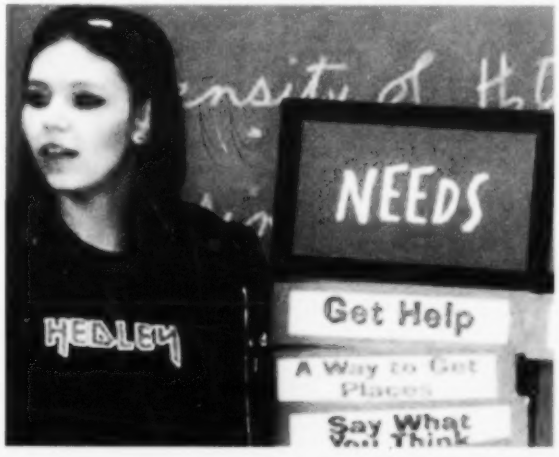
The RAP was finalized and became an active public education project of the CAO following its public launch in November 2004. The RAP is a fun and interactive workshop designed to educate young people ages 8-14 about their rights and responsibilities in relation to the UN *CRC*, and provide them with the skills to be their own best advocate, how to advocate for others and to know where to seek advocacy assistance if needed.

The RAP Coordinator, Katrina Kindrachuk, conducted a workshop campaign in 2005 in elementary schools throughout Saskatchewan. In August 2005, the *RAP One-Year Program Evaluation Report* was completed. The report found:

- Over 1500 young people had participated in the RAP since its inception.
- 94% of students surveyed thought the presentation was fun.
- 92% of students surveyed had learned something new from the presentation.

The positive response from educators and students alike confirmed the need to further develop and expand the program. In 2006 the RAP coordinator will conduct a second workshop campaign to broaden the program's reach and influence. In addition, the CAO is proceeding with discussions at the high school level that will engage high school students in training and presentation of the RAP. The objectives of this project are to:

- Provide a group of dynamic, interested youth, with facilitation and leadership skills, through the RAP training.
- Focus test the RAP expansion project



proposed in the *RAP One-Year Program Evaluation Report*, August 2005.

- Engage younger youth, through the participation in the RAP workshop, as well as older youth in the distribution and presentation of the RAP workshop.
- Develop a community-based advocacy network.
- Reach a wider audience of young people by providing a RAP dissemination station in Saskatchewan's north.

Systemic Youth Engagement

A main focus of the Systemic Youth Engagement initiative is to engage youth voice on systemic issues and recommendations. With the development of the CAO Systemics Unit, a commitment was made, "that children and youth have an opportunity to participate in the identification, research and final recommendations made with regard to all systemic issues." (CAO Systemic Policy).

Youth dialogues are conducted by the CAO as a means to provide the opinions, views and voices of Saskatchewan young people on issues that affect them.

"...that children and youth have an opportunity to participate in the identification, research and final recommendations made with regard to all systemic issues."

(CAO Systemic Policy)

In 2005, the Youth Facilitator conducted four youth dialogues with diverse young people on the issue of addiction services, as they related to young persons. The challenge was to accurately provide their voices while recognizing that these opinions may not reflect the views of the CAO. In order to convey the authentic voices of these young people, their direct quotations were used in the final report.

The Voices of 36 Saskatchewan Young People on Treatment and Detoxification of Addicted Youth report was completed in October 2005 and distributed to government officials, policy-makers and the youth that participated in the youth dialogues.

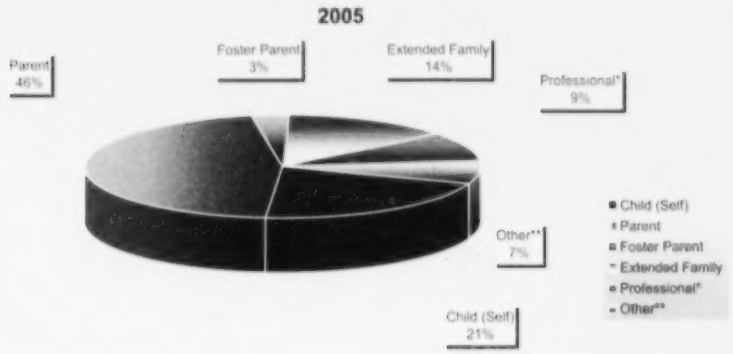
Another important component of the work of the Systemic Youth Engagement sector is the participation in public education. This typically comes in the form of presentations at various conferences and organizations about current and former CAO Youth Engagement initiatives. In addition, the Youth

Facilitator has conducted Youth Engagement/ Participation workshops and attended conferences to assist the CAO in the continuous development of new ways to actively involve young people, and more specifically, how to engage adults to participate with young people in a meaningful and respectful way. In 2005, the Youth Facilitator conducted the following presentations and workshops:

- A panel presentation entitled "Partnering With Youth at the Canadian Association of Statutory Human Rights Agencies" (Saskatoon, Sk., June 2005).
- An interactive keynote presentation on the RAP to approximately 400 northern young people at the South Bay Youth Camp (Ile-a-la-Crosse, SK., August 2005).
- A RAP/Youth Engagement display and information booth at the First Annual Bonfire 2005 in connection with the Northern Human Service Partnership (Beauval, SK., August 2005).
- A RAP/Youth Engagement display and information booth at the Moving Forward Project's Immigrant Women's conference (Saskatoon, SK., September 2005).
- Participant and Presenter at the CCPCYA annual conference with the theme of Youth Engagement (Halifax, NS., October 2005).

Individual & Group Advocacy

The Ombudsman and Children's Advocate Act outlines the services that the CAO provides. The *Act* identifies that service shall be provided for children and youth up to the age of 18, as well as youth 18 years or older who are receiving services pursuant to *The Youth Criminal Justice Act* or *The Child and Family Services Act* under section 56 agreements.



The *Act* provides the Children's Advocate with the authority to engage in advocacy. Within this important sphere of activity, our focus is on advocating with children, youth and their natural advocates to ensure that the interests and well-being of children and young persons are respected and valued in our communities and in government practice, policy and legislation.

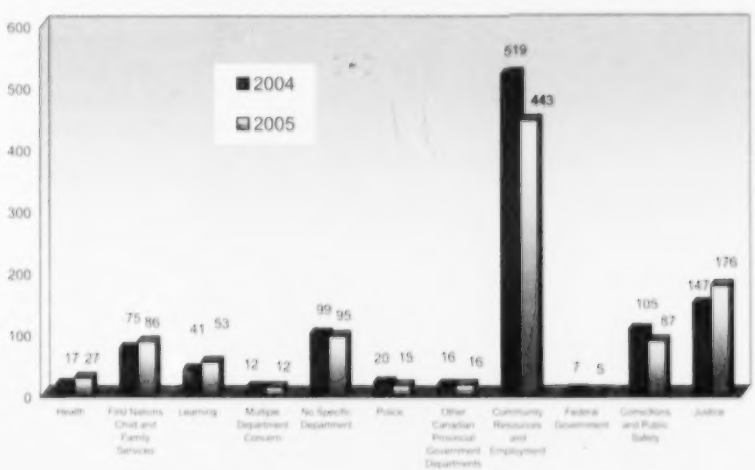
The mandated scope of service and responsibilities are outlined in Section 12.6 of the *Act* and direct the Children's Advocate to "receive, review and investigate" concerns involving services by provincial government departments and agencies to a child or group of children. It further directs the Children's Advocate to try and resolve, in appropriate cases, any matter arising between a child, or a group of children and a department or agency of Government "through the use of negotiation, conciliation, mediation or other non-adversarial approaches".

When a child, young person, or a community member contacts the CAO, the caller is provided with a continuum of advocacy services, from the provision of information which may be helpful in advancing self-advocacy, to a full investigation, which may result in specific recommendations for change or resolution being advanced to Government.

Who is Calling?

The Children's Advocate Office is alerted to issues from a variety of sources, some from children and youth and some from others involved in their lives. As in past, years parents constitute the largest contact group, representing 46% of the total number of callers. Children and youth constitute 21%, an increase from the previous year, followed by extended family at 14% and various professionals that include social workers from both DCRE and FNCFS at 9%.

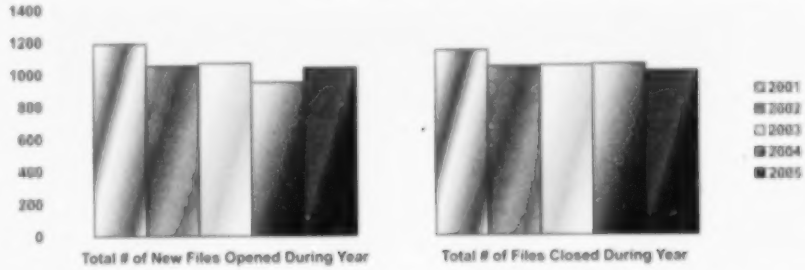
Part of the mandate of the CAO is to amplify the voices of young persons. Consequently, the Office assists young persons who are receiving government services to express their viewpoint and have it considered when decisions are being made that affect them. The CAO works to promote that all children and youth are respected and treated fairly in accordance with existing government policy, practice and legislation. A cornerstone of advocacy services provided by the CAO is the protection and respect for the rights of



children and young persons in order to ensure the preservation and advancement of their well-being.

Why are they calling?

As in years past, the majority of concerns raised with the CAO focus on the DCRE, with a slight increase from 2004. Forty-five percent of calls received by the CAO concerned the DCRE. Other departments and agencies have remained consistent over the last number of years with Justice representing the next largest group at 17%, followed by Corrections and Public Safety (CPS) at 9%. Calls concerning youth involved with Corrections and Public Safety have also remained consistent as in the past year, with a slight decrease in 2005. There are two factors that may contribute to the decline in calls regarding CPS: the introduction of new policies and case management standards; and; the decrease in the number of youth being held in custody. Case planning and case management issues continue to constitute the majority of concerns regarding the DCRE.



Custody and access calls continue to represent the majority of calls received concerning Justice. The CAO does not have the jurisdiction to review decisions of courts, although callers are provided with self-advocacy strategies and referral information that may assist them in resolving their concern.

The starting point of any advocacy process is the determination of mandate. For the CAO, that mandate is with regard to the provision of a government service to children and young persons of this province. Part of the advocacy process determines whether or not a policy exists with respect to the issue raised by a caller to the Office. Corresponding practice of the government department with respect to the applicable policy is also reviewed and a determination made as to fairness. Advocacy strategies are then employed to try and mediate a satisfactory resolution to the issue. In the event that advocacy does not result in a satisfactory resolution of the concern or issue, further action may be taken which could include a formal investigation in accordance with the *Act*.

Type of Assistance Provided

The types of assistance provided also remained fairly consistent from 2004. Self-advocacy strategies were provided to 588 callers by providing information on government policies/procedures and existing appeal mechanisms. Callers were also provided with strategies to assist them in resolving their concerns with Government.

Advocacy intervention was provided to 398 callers, which may have included face-to-face meetings with the child/youth or others and may also include: coaching on self-advocacy strategies; facilitation of and participation in case conferences and meetings, and; liaison with multiple government and organizations. As the graph illustrates, there were some callers who withdrew their request for service and others were referred to other resources that would provide the specific assistance they were requesting.

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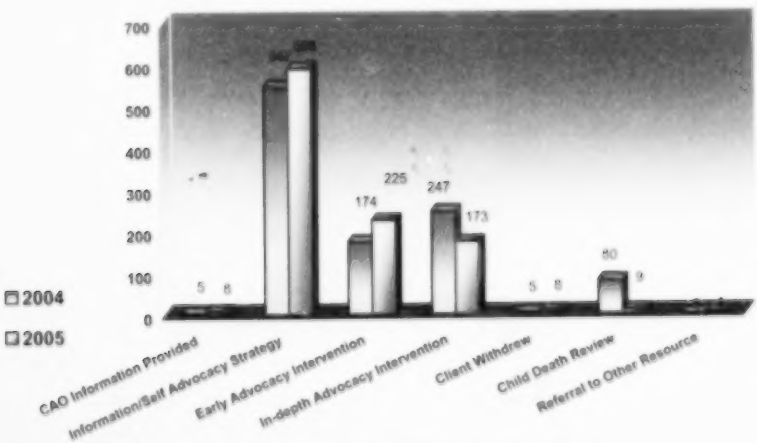

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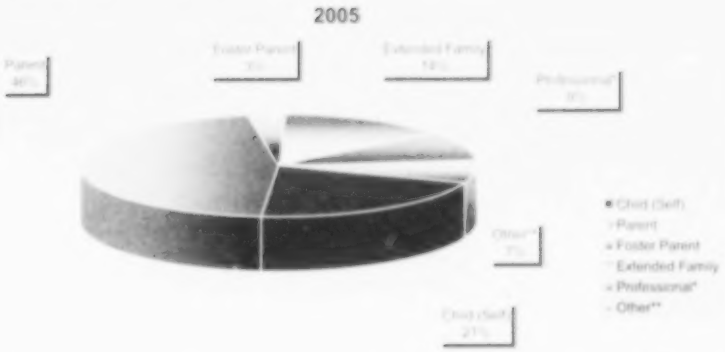

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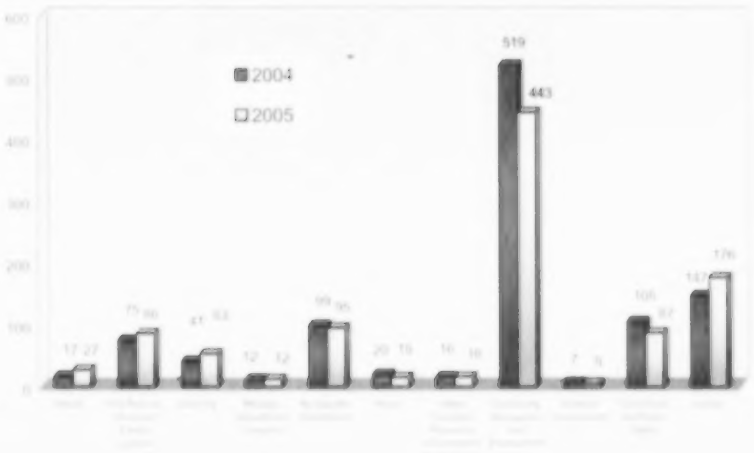

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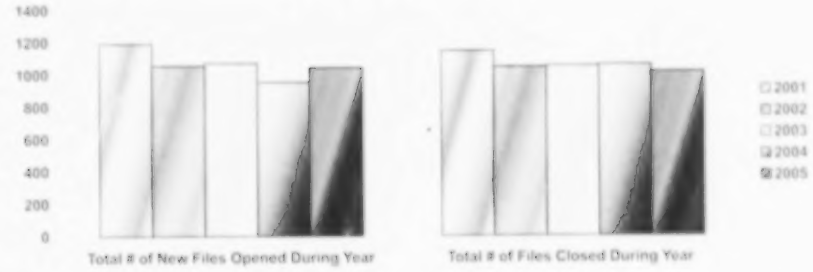

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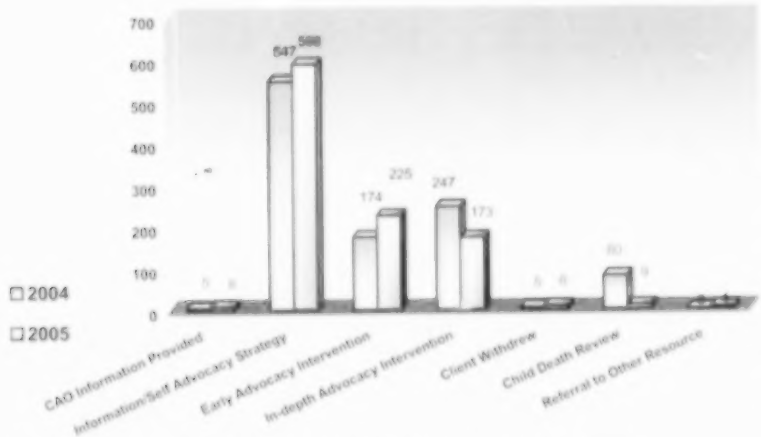

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Individual & Group Advocacy

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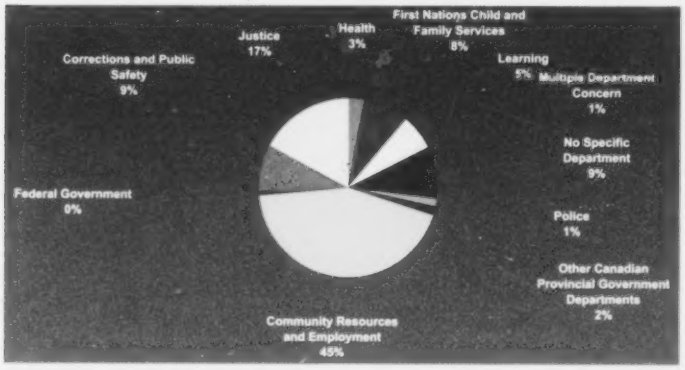
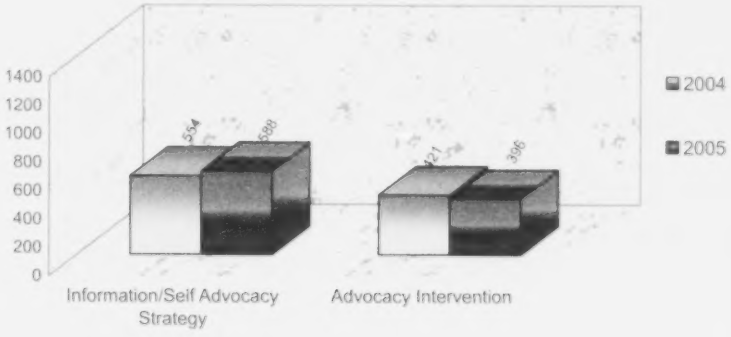


In addition to the mandated issues from callers requesting assistance, there are also areas of concern where the CAO has no legislated mandate. Such issues include: custody and access; school board decisions; and matters that are under the jurisdiction of the Federal Government. The CAO provides these callers with information and advocacy strategies that may assist in resolving their concerns, as well as referrals to agencies that have jurisdiction, where applicable.

Often, individual advocacy identifies larger systemic issues that need to be addressed with respect to the delivery of service by Government. In these instances, the issue is advanced for systemic review and/or investigation and corresponding recommendations to the government departments affected.

Five-year overview of Callers

The number of callers to the Children's Advocate Office this year totalled 1015, a slight decrease from the totals number of callers in 2004. As the graph illustrates, the number of requests to the CAO has stabilized over the past five years, with little variation from year to year and in 2005, an average of 87 new files were opened each month.



Case Example: Individual Advocacy

Access to Health Services – Regional Health Authority

The mother of a child requiring access to speech and language therapy called the CAO for assistance to access the services for her son. The parent described that the lack of access to the required service was creating a situation where the child would not be progressing in his ability to communicate at such an important time in his life developmentally.

Discussions regarding strategies to deal with the problem were undertaken with the parent who decided that she wanted to try one of the approaches to see what would happen before the CAO became directly involved.

The strategy included hiring a therapist who was employed by the health region on a private basis to obtain the service. However, the health region declared that the hiring of one of their therapists on a private basis would create a conflict of interest. After some further discussions with the health region, an agreement was reached where the therapist could provide private therapy for the child.

The parent was happy with the outcome and asked that the CAO not proceed on her son's behalf, as she was fearful that the agreement, which allowed the therapist to provide private therapy, might be withdrawn.

Case Example: Individual Advocacy

Case Management – Department of Community Resources and Employment

The mother of an autistic child who was apprehended from her care called the CAO for assistance as she felt the DCRE action of apprehending her son was unreasonable, and that since the apprehension, visiting schedules and communication around his level of care had been difficult to address.

The CAO became involved with attempting to assist the family and the DCRE to resolve the issues concerning travelling to where the child was living in order to accommodate visits, managing the number and duration of the visits, whether they needed to be supervised, and the attention that was being given to the child's educational, dental and health care. Action was also undertaken to assess whether the issues could be addressed between the DCRE and the family so that the case no longer needed to proceed to court.

Numerous calls and meetings were held with each of the parties to facilitate a resolution to the concerns. A joint meeting was also eventually convened to try and work out an alternative plan for the care of the child so that the DCRE and the family could work together and avoid having to proceed to court to have the issue of the child's safety resolved.

The issues regarding arranging visits and ensuring that the child's needs were being met were able to be adequately addressed by the CAO, so that the family members obtained their visits, and the child was provided the appropriate standard of care while in the foster placement. However, the attempted effort at alternative dispute resolution, so that the case did not need to proceed to court failed. The case proceeded to court and the child was committed to permanent care.

Case Example: Individual Advocacy

Child's Non-Participation – Department of Community Resources and Employment

A community professional called the CAO, concerned about the case planning that was occurring for a child in her community. The caller identified that a child was in intensive care for many days as a result of his medical condition. The child was in care of the Minister of the Department of Community Resources and Employment. The father of the boy did not want the boy resuscitated, should he require that level of intervention.

When the youth began to recover and found out that there was an order not to resuscitate him, he became very upset and demanded that the decision be changed. Further, the youth had recently found out that a decision was being made which might result in his not being placed back into the foster home where he had been living, and to which he wanted to return.

The CAO staff met with the youth at the hospital. The youth disclosed that he wanted to return to live with his former foster parents. The CAO contacted the agency responsible for his care and conveyed the youth's requests. The issue of non-resuscitation was also reviewed.

The provincial policy regarding non-participation is clear and states that "authorization for a no-resuscitation order for a permanent ward may be given by the Director of Child Welfare on behalf of the Minister of the DCRE on the written advice of two physicians." Every effort should be made to consult the parents for their views wherever possible even where the Department is legally responsible to make the decision. There was no mention in policy of a child's right to be consulted if they are able to provide direction.

The child was returned to live with his former foster parents after being discharged from the hospital.

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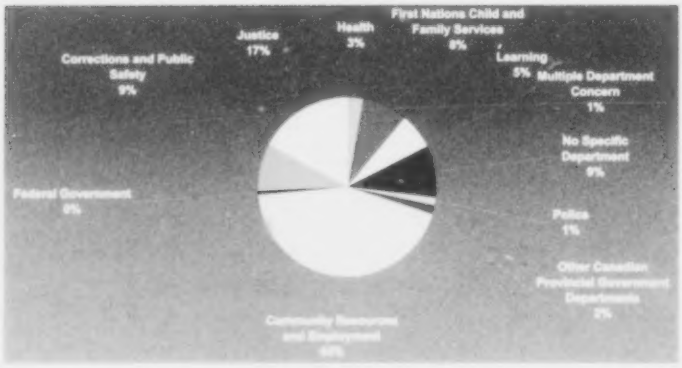

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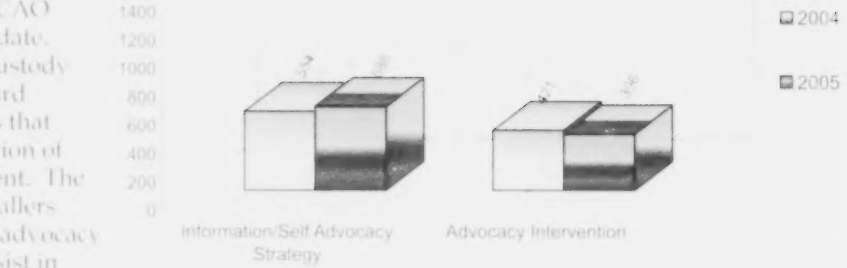

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Access to Health Services – Regional Health Authority

The mother of a child requiring access to speech and language therapy called the CAO for assistance to access the services for her son. The parent described that the lack of access to the required service was creating a situation where the child would not be progressing in his ability to communicate at such an important time in his life developmentally.

Discussions regarding strategies to deal with the problem were undertaken with the parent who decided that she wanted to try one of the approaches to see what would happen before the CAO became directly involved.

The strategy included hiring a therapist who was employed by the health region on a private basis to obtain the service. However, the health region declared that the hiring of one of their therapists on a private basis would create a conflict of interest. After some further discussions with the health region, an agreement was reached where the therapist could provide private therapy for the child.

The parent was happy with the outcome and asked that the CAO not proceed on her son's behalf, as she was fearful that the agreement, which allowed the therapist to provide private therapy, might be withdrawn.

Case Example: Individual Advocacy

Case Management – Department of Community Resources and Employment

The mother of an autistic child who was apprehended from her care called the CAO for assistance as she felt the DCRE action of apprehending her son was unreasonable, and that since the apprehension, visiting schedules and communication around his level of care had been difficult to address.

The CAO became involved with attempting to assist the family and the DCRE to resolve the issues concerning travelling to where the child was living in order to accommodate visits, managing the number and duration of the visits, whether they needed to be supervised, and the attention that was being given to the child's educational, dental and health care. Action was also undertaken to assess whether the issues could be addressed between the DCRE and the family so that the case no longer needed to proceed to court.

Numerous calls and meetings were held with each of the parties to facilitate a resolution to the concerns. A joint meeting was also eventually convened to try and work out an alternative plan for the care of the child so that the DCRE and the family could work together and avoid having to proceed to court to have the issue of the child's safety resolved.

The issues regarding arranging visits and ensuring that the child's needs were being met were able to be adequately addressed by the CAO, so that the family members obtained their visits, and the child was provided the appropriate standard of care while in the foster placement. However, the attempted effort at alternative dispute resolution, so that the case did not need to proceed to court failed. The case proceeded to court and the child was committed to permanent care.

Case Example: Individual Advocacy

Child's Non-Participation – Department of Community Resources and Employment

A community professional called the CAO, concerned about the case planning that was occurring for a child in her community. The caller identified that a child was in intensive care for many days as a result of his medical condition. The child was in care of the Minister of the Department of Community Resources and Employment. The father of the boy did not want the boy resuscitated, should he require that level of intervention.

When the youth began to recover and found out that there was an order not to resuscitate him, he became very upset and demanded that the decision be changed. Further, the youth had recently found out that a decision was being made which might result in his not being placed back into the foster home where he had been living, and to which he wanted to return.

The CAO staff met with the youth at the hospital. The youth disclosed that he wanted to return to live with his former foster parents. The CAO contacted the agency responsible for his care and conveyed the youth's requests. The issue of non-resuscitation was also reviewed.

The provincial policy regarding non-participation is clear and states that "authorization for a no-resuscitation order for a permanent ward may be given by the Director of Child Welfare on behalf of the Minister of the DCRE on the written advice of two physicians." Every effort should be made to consult the parents for their views wherever possible even where the Department is legally responsible to make the decision. There was no mention in policy of a child's right to be consulted if they are able to provide direction.

The child was returned to live with his former foster parents after being discharged from the hospital.

Investigations

Authority and Process

The Ombudsman and Children's Advocate Act provides that the Children's Advocate has the responsibility to "receive, review and investigate" concerns involving services to children by provincial government departments or agencies. The *Act* also provides that the Children's Advocate can advise any minister responsible for services to children on any matter relating to the interests and well-being of children who receive services from any department or agency of the government.

The *Act* outlines the procedures and authority of the Children's Advocate to conduct investigations. Prior to commencing an investigation, the Children's Advocate is required to provide notice to the deputy minister of the department or the administrative executive head of the agency of government affected. In the course of conducting an investigation the Children's Advocate may:

- Require any person to provide information, documents or things regarding any matter being investigated;
- Summons and examine under oath any person who is able to provide information relating to the matter being investigated;
- Make recommendations to the provincial government;
- Refuse to investigate or cease to investigate a complaint.

While the purpose of investigations may be self-evident, the goal of the CAO in conducting an independent investigation is to seek understanding of the circumstances being investigated, with a view to providing recommendations that will affect systemic change to avoid repetition of the issue in the future; in effect, to improve systems and services for children. Consequently, the CAO takes the matter of investigation very seriously and has adopted a strict investigation process to ensure independent and objective outcomes.

Child Death Reviews

The death of any child is a tragedy. The impact of a child death on the family, community and society as a whole cannot be overstated. In particular, if there appears to have been a failure on the part of our health or social system to protect the child, the entire network shudders. If there was ever a time for the need to speak for children and amplify their voice, it is a time when children cannot speak for themselves, for their voice has been silenced forever.

The Children's Advocate has been involved in conducting Child Death Reviews since 1997.

During that time, the work of this Office has produced important recommendations that have provided guidance to Government and its departments to improve service to the children and young persons of this province. These recommendations and improvements to services provided by Government have been driven by a common goal – to protect the interests and well-being of Saskatchewan children and to ensure everything possible is done to prevent such tragedies from reoccurring.

To this end, the CAO established a Multi-Disciplinary Review Team in 2002 to review the findings of CAO investigations and reviews prior to recommendations being submitted to Government. This committee represents senior professionals from a variety of disciplines, including medical, health, law enforcement, and

legal and social service professionals, who can provide additional experience and expertise to ensure that recommendations made to

Government represent an objective, learned and considered multi-disciplinary view.

In 2003, as a result of the creation of the Department of Corrections and Public Safety (CPS) and transfer of responsibility for young offenders, CPS and the DCRE created new policy for conducting Child Death Reviews. The scope of the Child Death Reviews conducted by the CAO was reduced to children who were, "at the time of their death or in the six months previous to their death, in care of the Minister of the DCRE or in custody of the Minister of CPS".

The CAO agreed to the change in policy on the condition that the DCRE publicly release the results of its quality assurance mechanisms; and, the CAO would commit to conduct comprehensive, independent, multi-disciplinary reviews of child deaths where the child was in government care or custody.

The Children's Advocate has concluded that his Office ought to be reviewing a larger number of these child deaths where services have been provided by a government department or agency. In particular, the impartiality brought to an independent child death review provides public accountability and has the capacity to produce far-reaching systemic recommendations that are beyond the scope of an internal death review process. As well, there is a concern that the CAO is waiting up to three years to receive the internal Child Death Review reports from the DCRE. This is interfering with the Children's Advocate's capacity to make timely findings and recommendations which, if made sooner, could potentially save children's lives and prevent serious injuries in the future. As a result, the CAO will be providing revised criteria for CAO Child Death Reviews in the future.

Because of limitations to its mandate and resources, the CAO can only undertake reviews of a limited number of child deaths in Saskatchewan. As a result, in its 2003 Annual Report, the CAO recommended, "That government develop a model to ensure all child deaths are reviewed by 'an educated eye' and that this model begin to be implemented by January 1, 2005."

On March 9, 2004 the CAO collaborated on the Saskatchewan Child Death Review Forum which was hosted by the Saskatchewan Prevention Institute and funded by Saskatchewan Health. This was a forum created to include participants from all departments and agencies in Saskatchewan to consider the various forms of Child Death Reviews in the province and other jurisdictions, analyzing the strengths and gaps, and dialoguing on options for future Child Death Reviews. The CAO presented a Comparison of Department/ Agency Child Death Review Processes in Saskatchewan, for discussion purposes.

Based on the forum results, the Saskatchewan Prevention Institute produced a draft model and process for the review of all child deaths. Saskatchewan Health indicated to the CAO that they "will continue to work in partnership to more fully explore the operational, jurisdictional and legislative implications of

an expanded Child Death Review...and to assess the extent to which the additional information obtained through an expanded review will contribute to the objective of reducing children's deaths." Subsequently, Saskatchewan Health has struck an Advisory Committee to pursue implementation of the recommendation of CAO. The CAO has "ex-officio" representation on this Advisory Committee.

The value of Child Death Reviews is significant. The CAO maintains that a child's life should never be undervalued, and even in the moment of tragedy comes the positive hope and expectation that the life lost speaks to change that will ensure such tragedy is not repeated.

Child Death Reviews done in a thorough and reflective manner can create positive change by having an impact on child-serving systems and promoting public accountability. Thus, the CAO will evaluate its involvement in the Child Death Review process to ensure the voices of these children are not lost, but continue to be heard.

"Fatal and severe child injuries have similar physical and social patterns and many more children are injured than die. If hospitalization is chosen as a definition of severity, there is an exponential increase in the number of victims. The review of fatalities is functional but arbitrary. Two children with similar injuries may differ only in the fact of death.

We work together on the death and leave the nonfatal severe injury to one or two professions to manage in isolation. We can do better."

(Source: *Mandating Multidisciplinary Review of Serious Child Maltreatment Cases; An Overview of Law and Policy Issues*, by Howard Davidson)

Critical Injuries

Critical injuries of children and young persons have become an increasing concern for the Children's Advocate Office. Critical injuries are often the result of neglect or abuse and have lifelong implications for the child's well-being. The CAO has become aware of several critical injuries that occurred to children receiving government services. Investigations have been initiated in two of these cases and the results of the investigations will be made public once the findings have been determined and recommendations made to the appropriate government departments.

Conducting Critical Injury Investigations is in keeping with the National Center on Child Fatality Reviews (NCFR). This organization, an international leader in Child Fatality Investigation, recognizes that the prevention value in reviewing critical injuries is similar to that of the prevention value in reviewing child deaths.

A Summary of Child Death Reviews for the Years 2000 and 2001

Saskatchewan Children's Advocate Office, March 2005

Individual issues concerning the services provided to these children were brought to the attention of the DCRE or CPS as well as other appropriate departments and agencies. This report provides an update on any recurring issues identified in either the 1996-1998 Summary Report or the 1999 Summary Report, and identifies new issues that emerged from this set of reviews.

Themes/Issues

The issues raised through the review of the 2000 and 2001 Child Death Reviews and the two 1999 Child Death Reviews are:

1. Assessment and Intervention

The CAO identified concerns regarding assessment and intervention in nine of the 23 child death reviews from 2000 and 2001. Concerns regarding assessment and intervention were also present in both of the 1999 child death reviews. The majority of these concerns did not result in recommendations, as policy already exists in this area.

The CAO raised the issues as practice concerns. In one file, the CAO made two recommendations regarding the unique needs of immigrant children. In five files, the CAO found that the DCRE did not follow best practice standards outlined in policy regarding appropriate assessment and intervention. Two

recommendations were made regarding this issue.

2. Approval of Placements

In four of the 14 Child Death Reviews in 2000 and 2001, where the children were in the care of the Minister, the CAO identified placement concerns.

These reviews involved children who had been placed in the care of the Minister prior to their death. In three reviews, the CAO found that the DCRE placed children in resources without adequately evaluating issues within the resource that compromised the care or safety of children. Two recommendations were made regarding this issue.

3. Need for Integrated Case Management

Eight of the 23 Child Death Reviews in 2000 and 2001, and both of the 1999 Child Death Reviews identified concerns regarding a lack of integrated case management services. In addition, the CAO found that there was a need for increased communication between the various government departments and agencies involved with each of these reviews.

Five recommendations were made regarding the need for improved coordination and communication between departments and agencies.

4. Information Management

In seven of the 23 Child Death Reviews in 2000 and 2001, the CAO identified problems with information management – including sharing information, accessing information, storing information, and recording information.

5. Medical Services

In one review, the CAO identified systemic concerns regarding diagnostic imaging when multiple hospitals are involved.

Case Example: Individual Advocacy

Policy Non-Compliance; Case Management – DCRE

An individual called, concerned that a child in care had her medical needs neglected. The caller stated the child suffered with cancer and had been misdiagnosed by the attending physician. The individual asked the Children's Advocate Office (CAO) to intervene on the child's behalf.

The child had been residing in foster care following apprehension by the Department of Community Resources and Employment (DCRE), due to physical abuse by her mother. During her time in care, the foster parents took her to the doctor repeatedly and no medical cause for her pain was discovered. On her last visit to the doctor, she was transferred to Saskatoon for further testing at which time it was discovered that she had a massive cancerous tumor in her stomach. The child was hospitalized and underwent surgery.

The CAO contacted the DCRE workers and program manager involved to review the concerns that were raised. According to the DCRE representatives, the doctors and foster parents provided adequate care. However, diagnosing the child's illness proved to be very difficult and was confirmed by doctors in Saskatoon. The DCRE was also in the process of returning the child to her parent's care in spite of the fact that no change had occurred within the home and the protection concerns had not been addressed or alleviated. The CAO advocated for the child to have a thorough risk assessment and case plan. The DCRE decided, in light of the ongoing protection concerns not to return the child to the care of her mother, but to provide compassionate care and ensure there were regular visits and support to the family. The CAO continued to visit the child in hospital to ensure her needs continued to be met.

The child was provided with an appropriate risk assessment and case management plan and her special needs continued to be met by the Department of Community Resources and Employment.

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Systemic Advocacy

On a systemic level, the Children's Advocate Office (CAO) advocates for change to government policy, practice and legislation respecting the interests and well-being of children. The CAO also advocates for improvements in the processes through which the interests and viewpoints of children may be expressed, considered, and respected by Government when it plans and implements services that have an impact on children. The CAO believes that legislators, policy-makers and practitioners need to consider the rights of children and youth when decisions and plans are being made that impact on these young people.

The *Ombudsman and Children's Advocate Act* (S.12.6 & 30.1) provides the Children's Advocate with the authority to review issues impacting the interests and well-being of children from a systemic perspective.

Systemic Advocacy is one of five cornerstones of the CAO and focuses on specific issues that have an impact on young persons across a service system. Individual advocacy, investigations, public education and youth voice are all components of our work that contribute to systemic change.

In our experience, most individual advocacy issues are satisfactorily resolved and the CAO file is closed with no need for further action. However, even when the individual concerns are resolved there may be policy issues that continue to have an impact on other children and young persons. At other times, there may be issues where the CAO has not received an individual concern, but has been made aware of the impact of legislation, policy or practice on the interests or well-being of children and youth of our province. It becomes, at that moment, the duty and obligation of the Children's Advocate, on behalf of the children of Saskatchewan, to engage in systemic advocacy.

The objectives for systemic advocacy are to:

- Identify, research and report on relevant and important issues that will advance the interests and well-being of children and youth in Saskatchewan.
- Develop and provide recommendations to provincial government departments and agencies, that when implemented, will result in system change, and advance the interests and well-being of children and youth in Saskatchewan.
- Provide children and youth with opportunities for input into the identification and advancement of issues that affect them.

The CAO has developed a process of prioritizing in a systemic manner, issues that have an impact on children and youth in Saskatchewan. As well, systemic advocacy is based on, or informed by, the children and youth we serve. Issues will also involve a current law, policy or practice that in some manner fails to respect the rights or entitlements of children and youth. A driving principle is that systemic advocacy needs to be considered appropriate and fair for those impacted by the issue.

2005 Systemic Issues

Although 2005 was a year of transition, in that new systemic advocacy processes and policy were developed for implementation in 2006, there were four areas that received systemic advocacy. These were:

- Addictions, specifically access to services for young persons with addictions;
- Violence against children, specifically participation in the UN Study on Violence Against Children and Bullying;
- The harmful effects of corporal punishment and the new limitations established by the Supreme Court of Canada; and,
- The Government's response to the *Final Report of the First Nations and Métis Peoples Justice Reform Commission* as it relates to young persons in Saskatchewan.

Addictions

In several previous CAO reports, including Child Death Review reports, the Children's Advocate has identified issues concerning a young person's access to treatment for addictions. For instance, in 2003 the CAO reported access to appropriate services for drug and alcohol and other addictions resources as a Health issue. This same year, the Provincial Youth Delegation advised the CAO and Government in their document *Blueprint for Change* that more resources were also needed in schools for addiction counsellors.

In 2005, the CAO completed a review of the quality and quantity of addictions services for children of Saskatchewan. The report provided the CAO with a comprehensive review of recent Canadian-based information and literature regarding the availability and effectiveness of addiction services for children and youth. It determined what services were available and whether the services were accessible to the Saskatchewan children and young persons who require them.

At the same time, MLA Graham Addley was appointed by Government to define a comprehensive plan to address issues of addiction and substance abuse in Saskatchewan.

In response to the release of Addley's interim report, the CAO raised the importance of consultation with youth. It is the CAO's perspective that any successful strategy to address youth addictions must include the participation of young people themselves and must support action on their ideas and recommendations. Young people have valuable knowledge regarding the barriers to accessing existing services and the gaps that they have experienced.

The CAO met with various government departments, ministers and committees to discuss children's rights within the context that the implementation of one right is interdependent on respecting all rights. While supportive of interventions that protect the safety and well-being of the young person, the CAO advocates for a balancing of the child's right to protection from harm, with his/her right to fair treatment. The CAO also advances the position that youth voice be considered in the development of any strategy affecting young persons in the province.

UN *Convention on the Rights of the Child*

Article 12:

1. **States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.**
2. **For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.**

In keeping with this commitment, the CAO undertook to complete youth dialogues with four diverse groups about youth addictions. A report was completed and released to Government and the public. The report is discussed in more detail under the Youth Engagement section of this Annual Report and the full text can be found on our web site, **www.saskcao.ca**.

The Hon. Graham Addley's final report, *Healthy Choices in a Healthy Community*, released in August 2005, recognized the role of the CAO in monitoring addiction services for youth.

In his report, under Recommendation # 12, the Hon. Graham Addley recommended:

"Ongoing attention to alcohol and drug addiction services is required to continue the current momentum and focus on substance abuse issues.

The development of effective strategies, policies and programs that address substance abuse is an ongoing process that requires effective monitoring and reporting. The most significant gaps in service are youth-related, and continued attention to alcohol and drug services is required. The capacity of the Children's Advocate Office should be enhanced to maintain the current momentum to address these concerns.

The Advocate should help to create awareness, review and promote best practices, provide follow-up to ensure necessary actions are taken, and improve accountability through annual reporting."

The *Premier's Project Hope* provided the

Systemic Advocacy (cont.)

Government's strategy to address addictions in Saskatchewan. It is noted that this document contains a plan to expand the ability to treat addictions, particularly among Saskatchewan youth.

In addition to the promise to enhance treatment services, the Government introduced legislation that allows for the involuntary detention of youth for the purposes of detoxification and stabilization.

The Children's Advocate has expressed concern that the balance of the child's right to protection from harm, with his/her right to fair treatment, has not been achieved.

The CAO's concerns were expressed to the Minister of Healthy Living Services and subsequently to the Standing Committee on Human Services in a letter dated November 25, 2005. The concerns are framed within the context of the following issues transmitted in the letter:

- That a preamble or declaration of principles that endorses the United Nations *Convention on the Rights of the Child* (UN CRC) commitment to the 'least intrusive measure' be included.
- That the young person be entitled to access counsel right from the point of apprehension.
- That the young person be explicitly apprised of his or her right to access legal counsel, the official representative and the Children's Advocate.
- That the young person be entitled to an automatic right to obtain the warrant and the sworn information in support of that warrant, so that he or she will have fair and reasonable disclosure of the grounds for the apprehension.
- That the post-apprehension hearing occur as a right, with the Government having the onus of proof throughout, rather than being imposed upon the young person in question, who may be in crisis and acting in some diminished capacity.
- That the young person be given the right to participate in any procedure or decision being made about him/her.

With regard to the management of the *Act*, the Children's Advocate also identified the following deficiencies:

- concerns about the absence of procedural safeguards and due process rights;
- no identified case manager or advocate for the young person during the process;
- concerns about the expanded authority of police officers to apprehend without a warrant and the expanded authority of physicians to issue community and detoxification orders;
- concerns about any potential criminal consequences, which may result from any acts of non-compliance on the part of the young person;
- no mandatory child protection assessment to ensure that the youth is safe while on a community order.

The Children's Advocate will continue to dialogue with the Minister of Healthy Living to ensure that the children's rights affected by the *Act* are protected and their well-being ensured.

Violence Against Children

The CAO participated with the Saskatchewan Youth in Care and Custody Network in youth focus groups for the *UN Secretary-General's Study on Violence Against Children*. The Study is a collaborative global effort, mandated by the United Nations General Assembly, to promote action to counter violence against children.The Study will also present ideas for action to prevent and reduce violence and suggest ways in which these might be strengthened at local, national, and international levels in 2006.

I wrote down the dates and times every time I was harassed. I took it to the principal. He said, "I have more important things to do than worry about what happened two weeks ago."

(Student, focus group for the North American Regional Consultation for the UN Secretary General's Study on Violence Against Children)

The CAO assisted two youth from Prince Albert who participated in the focus groups to attend the North American Regional Consultation in

Toronto in June 2005.

The Saskatchewan youth focus groups were particularly interested in the effects of bullying and a subsequent focus group was held. In February 2005, Saskatchewan's Learning

Minister announced a province-wide Anti-Bullying Strategy. The CAO advocated for the voice of students to be included in the policy consultation process. The CAO and Saskatchewan Learning convened a focus group with a group of students from St. Mary's Community School in Prince Albert.

This focus group provided a forum for the voice of young people to share ideas for action to prevent and reduce the harm caused by bullying.

"Children are not mini-human beings with mini-human rights ...Every boy and girl, as any human being, must have their rights completely respected to develop with dignity..."

(Statement by the Independent Expert, P. Pinheiro, to the North American Regional Consultation for the United Nations Secretary-General's Study on Violence against Children, June 3, 2005)

The CAO has continued to dialogue with Saskatchewan Learning on the importance of youth voice and the inclusion of youth rights contained in the United Nations *Convention on the Rights of the Child* (UN *CRC*) in the development of policy. The CAO has recommended to the Minister of Saskatchewan Learning that the UN *CRC* be included in policy regarding the prevention and reduction of bullying in Saskatchewan schools. The recommendations read as follows:

SYS.04(05); *That Saskatchewan Learning enshrine the United Nations Convention on the Rights of the Child into the Bullying and Harassment Prevention Model Policy; and,*

SYS.05(05); *That Saskatchewan Learning incorporate youth voice into all aspects of the model policy.*

Saskatchewan Learning has agreed and acted upon both recommendations made by the Children's Advocate. *The Caring and Respectful School's Bullying and Harassment Prevention Model Policy* is expected to be released in the spring of 2006. This will be the first government policy in Saskatchewan to enshrine the UN *Convention on the Rights of the Child*.

First Nations and Métis Peoples Justice Reform Commission

On June 21, 2004 the Commission presented its final report, *Legacy of Hope: An Agenda for Change* to Government. The reforms have a potential to benefit children and youth, particularly First Nations and Métis youth who are over-represented in both the child welfare and youth justice systems.

Creating a Healthy, Just, Prosperous and Safe Saskatchewan: A Response to the Commission on First Nations and Métis Peoples Justice Reform Commission was released in May 2005. While the report is specific to First Nations and Métis peoples, all children in Saskatchewan will benefit from reforms that address the underlying causes of crime, ensure youth voice in decisions made about youth, offer alternatives to the formal justice system and incarceration, and improve how the system responds to youth.

Recommendation 8.10, which has been agreed to in principle, recommends, *"long-term Saskatchewan First Nations and Métis children and youth action plans."* This recommendation has the potential to capture many, if not all, the recommendations affecting children and youth and one that may rekindle a vision for all Saskatchewan children. It is noted that youth were engaged in the Commission dialogues and that Appendix 13, pages A-81 to A-85, reflects the youth voice regarding a child and youth action plan.

The Children's Advocate Office is able to utilize the work conducted by the Commission and the *Response to the Commission* by the Provincial Government. The CAO will continue to monitor Government's commitments.

Children's Advocate Recommendations

Active Recommendations

The Children's Advocate reviewed all historical recommendations forwarded by the Office to determine which continued to be relevant to the advocacy work of the Office and consistent with future systemic initiatives. During the course of this review, recommendations five years old or more, which were not current concerns in advocacy, were archived. Recommendations where actions had been taken to satisfy the recommendation were also closed and archived. The Office will hold these recommendations for reference should similar concerns arise in the future.

As a result of this review process, the Children's Advocate decided to carry the following recommendations forward and outlined measurable action required to result in each recommendation's closure. During the course of this reporting year, the Children's Advocate enhanced the recommendation tracking initiatives to improve the Office's ability to report on the systemic impact of the Office in this Annual Report and future Annual Reports.

Recommendations

Recommendations	Action Taken
CDR.31 (97, 99) That the Department of Community Resources and Employment (formerly known as the Department of Social Services) include a section on medical care and drug administration (including both prescription and non-prescription drugs) in the pre-service training provided to foster parents.	The Department of Community Resources and Employment advised the CAO that a new caregiver-training curriculum will be implemented to address this recommendation.
CDR.33 (97) That the Department of Community Resources and Employment (formerly known as the Department of Social Services) provide all foster parents with training and support to assist them in caring for children with special needs resulting from Fetal Alcohol Spectrum Disorder and that this training becomes mandatory.	The Department of Community Resources and Employment advised the CAO that they have developed a foster parent-training curriculum, which includes training on Fetal Alcohol Spectrum Disorder. The DCRE advised that they intend to implement this training as a pilot in the province in 2006.
CDR.42 (99, 00) That the Department of Community Resources and Employment undertake to regularly identify and review, at a management level, those cases where children are repeatedly subjected to neglect over a significant period of time and where the Department of Community Resources and Employment has frequently re-opened child protection files. This review would be intended to ensure that interventions are "as complete and as intensive as necessary... to bring about needed change to reduce risks and ensure the protection of the child" (DCRE Policy).	The Department of Community Resources and Employment advised the CAO that they do not accept this recommendation.

Case Example: Individual Advocacy
Department of Community Resources and Employment
Intrusive Measures

The Director of the Ranch Ehrlo Society called to request an Advocate from the CAO attend an Intrusive Measures Committee meeting at Ranch Ehrlo on behalf of a youth who wished to terminate an unwanted pregnancy. The youth was scheduled to terminate the pregnancy in two weeks and the Ranch Ehrlo staff wished to ensure she was well aware of her rights and was making her decision of her own accord.

An Advocate from the CAO attended the meeting and met privately with the youth. She was well aware of her rights and certain of her decision. She found staff at Ranch Ehrlo to be very supportive and was satisfied with the treatment she was receiving. The youth exercised her right to the medical treatment sought.

	Action Required
	The CAO will consider this recommendation to be fully implemented upon receipt of the updated pre-service training curriculum and training schedule.
	The CAO will consider this recommendation to be fully implemented upon receipt of this curriculum and completion of training dates for all active foster parents.
	The CAO will consider this recommendation to be fully implemented when children who remain in higher risk situations within their home are afforded the same level of comprehensive review as children who are placed in care.

National Youth In Care Network (NYICN)

In Canada, there are over 80,000 children and youth in the care of the child welfare system. An additional 25,000 youth are in detention centres and youth justice facilities. Countless more are in mental health institutions. There are thousands more who have fallen through the cracks in the system and are living on the streets and in shelters.

National Standards

"As a national organization, we are concerned by the lack of national standards in the child welfare system that can result in systemic abuse, and we advocate for the establishment of national standards and highlight dangers inherent if not taken seriously. In 2005, we embarked on preliminary research on chemical restraints within the child welfare population. The results of our preliminary research are disturbing and have prompted us to commit resources to further examine this issue."

Interactions Between the System and Children in Care

"We are also concerned by the lack of sensitive or informed human interactions between system 'caregivers' and children in care. In 2005, we continued to expand our project, Primer, with staff and support structures in place, and training sessions conducted. We also began expansion into different target audiences, including foster parents, teachers and current child welfare agencises. And, we began development of a textbook curriculum and trainer's guidebook."

(Source: NYICN Annual Report 2004)

Children's Advocate Recommendations

Active Recommendations

The Children's Advocate reviewed all historical recommendations forwarded by the Office to determine which continued to be relevant to the advocacy work of the Office and consistent with future systemic initiatives. During the course of this review, recommendations five years old or more, which were not current concerns in advocacy, were archived. Recommendations where actions had been taken to satisfy the recommendation were also closed and archived. The Office will hold these recommendations for reference should similar concerns arise in the future.

As a result of this review process, the Children's Advocate decided to carry the following recommendations forward and outlined measurable action required to result in each recommendation's closure. During the course of this reporting year, the Children's Advocate enhanced the recommendation tracking initiatives to improve the Office's ability to report on the systemic impact of the Office in this Annual Report and future Annual Reports.

Recommendations

Recommendations	Action Taken
CDR.31 (97, 99) That the Department of Community Resources and Employment (formerly known as the Department of Social Services) include a section on medical care and drug administration (including both prescription and non-prescription drugs) in the pre-service training provided to foster parents.	The Department of Community Resources and Employment advised the CAO that a new caregiver-training curriculum will be implemented to address this recommendation.
CDR.33 (97) That the Department of Community Resources and Employment (formerly known as the Department of Social Services) provide all foster parents with training and support to assist them in caring for children with special needs resulting from Fetal Alcohol Spectrum Disorder and that this training becomes mandatory.	The Department of Community Resources and Employment advised the CAO that they have developed a foster parent-training curriculum, which includes training on Fetal Alcohol Spectrum Disorder. The DCRE advised that they intend to implement this training as a pilot in the province in 2006.
CDR.42 (99, 00) That the Department of Community Resources and Employment undertake to regularly identify and review, at a management level, those cases where children are repeatedly subjected to neglect over a significant period of time and where the Department of Community Resources and Employment has frequently re-opened child protection files. This review would be intended to ensure that interventions are "as complete and as intensive as necessary... to bring about needed change to reduce risks and ensure the protection of the child" (DCRE Policy).	The Department of Community Resources and Employment advised the CAO that they do not accept this recommendation.

Case Example: Individual Advocacy
Department of Community Resources and Employment
Intrusive Measures

The Director of the Ranch Ehrlo Society called to request an Advocate from the CAO attend an Intrusive Measures Committee meeting at Ranch Ehrlo on behalf of a youth who wished to terminate an unwanted pregnancy. The youth was scheduled to terminate the pregnancy in two weeks and the Ranch Ehrlo staff wished to ensure she was well aware of her rights and was making her decision of her own accord.

An Advocate from the CAO attended the meeting and met privately with the youth. She was well aware of her rights and certain of her decision. She found staff at Ranch Ehrlo to be very supportive and was satisfied with the treatment she was receiving. The youth exercised her right to the medical treatment sought.

Action Required
The CAO will consider this recommendation to be fully implemented upon receipt of the updated pre-service training curriculum and training schedule.
The CAO will consider this recommendation to be fully implemented upon receipt of this curriculum and completion of training dates for all active foster parents.
The CAO will consider this recommendation to be fully implemented when children who remain in higher risk situations within their home are afforded the same level of comprehensive review as children who are placed in care.

National Youth In Care Network (NYICN)

In Canada, there are over 80,000 children and youth in the care of the child welfare system. An additional 25,000 youth are in detention centres and youth justice facilities. Countless more are in mental health institutions. There are thousands more who have fallen through the cracks in the system and are living on the streets and in shelters.

National Standards

"As a national organization, we are concerned by the lack of national standards in the child welfare system that can result in systemic abuse, and we advocate for the establishment of national standards and highlight dangers inherent if not taken seriously. In 2005, we embarked on preliminary research on chemical restraints within the child welfare population. The results of our preliminary research are disturbing and have prompted us to commit resources to further examine this issue."

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(Source: NYICN Annual Report 2004)

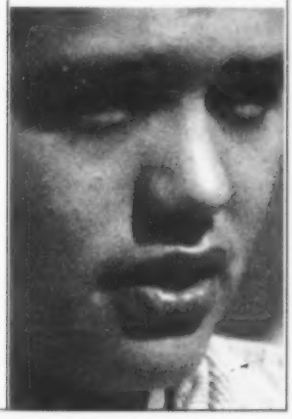
Children's Advocate Recommendations (cont.)

Recommendations	Action Taken
CDR.49 (99,01) That the Department of Community Resources and Employment, Corrections and Public Safety, Learning, Health and the Health Authority jointly review the Saskatchewan Human Services Integrated Case Management model and create a process to ensure that it is implemented appropriately, including regular follow-up and review of identified children and youth who require this service.	The Department of Learning advised the CAO that the inter-departmental project subcommittee of the Human Services Integration Forum (HSIF) is revising the 1998 Integrated Case Management Manual to address this recommendation. A training plan is being developed to ensure that it is implemented appropriately. In addition, the HSIF is currently considering a newly developed model for Integrated Case Management.
CDR.60 (99) That the Department of Learning create a "broad-based committee to examine the issue of court orders and school attendance, with the view to clarifying the policies, protocols and communications responsibilities around this issue; and, that the results of its deliberations be published widely" (Final Report, Recommendation 11, page 121).	Saskatchewan Justice, Saskatchewan Corrections and Public Safety, Saskatchewan Health and Saskatchewan Learning have created a committee to examine the issue of court orders and school attendance and have developed a Guide for Professionals to clarify communication between the respective systems on this issue. Saskatchewan Learning anticipates publishing this Guide during the Fall of 2006.
CDR.63 (99) That Government develop a model to ensure all child deaths are reviewed by an "educated eye" and that this model begin to be implemented by Jan 1, 2005.	This 1999 Summary Report recommendation has not resulted in a mechanism to review the deaths of all children. Saskatchewan Health has advised that they agree that reviewing child deaths can contribute to reduced deaths and support a practical approach to increasing the number of child deaths that are reviewed. Since the recommendation, Saskatchewan Health has funded a Child Death Review Forum (March 2005) coordinated by the Saskatchewan Prevention Institute. The Forum recommended an 'all death' review model to Sask. Health. A number of government departments have been exploring the development and implementation of a preliminary review of child deaths with the objective of determining an effective and efficient approach to multi-disciplinary child death reviews. Saskatchewan Health has subsequently invited, and the CAO has agreed, to sit as an 'ex-officio' member of an Advisory Committee.

"Violence is a very big problem for children ... childhood is the time that matters most and what happens to you as a child will stay with you for the rest of your life..."

(Source: 13-year-old girl, focus group for the North American Regional Consultation for the UN Secretary-General's Study on Violence Against Children)

	Action Required
	The CAO will consider this recommendation to be fully implemented upon receipt of the updated policy and receipt of the training plan.
	The CAO will consider this recommendation to be fully implemented upon receipt of the published Guide.
	The CAO will consider this recommendation to be fully implemented upon implementation of an 'all death review' model.



Case History: Recommendation CDR.42 (99,00)

The CAO's *A Summary of Child Death Reviews: August 1996 to December 1998* (2001, February) (2001 Summary Report) identified concern regarding children's ongoing exposure to violence and neglect in their homes. The CAO found that seven of these children had died as a direct result of an assault and had a history of suffering assaults, mainly from family members, during the course of their lives. These deaths primarily occurred in families characterized by violence, alcohol and substance abuse, past victimization, unemployment and poverty.

Concerns regarding inadequate assessment and intervention on behalf of children living in abusive and neglectful homes were an issue in 41% (23 of 56) of the Child Death Reviews reported in subsequent CAO reports.

The violent deaths and the assaults on children in the 2001 Summary Report initially raised a number of concerns regarding the need to find ways to protect children from family violence. The CAO identified to the DCRE (formerly known as the Department of Social Services) the need for a formal Safety Assessment to determine whether the child was at risk or in need of protection.

The CAO's *A Summary of Child Death Reviews for the Year 1999* (2003, December) (2003 Summary Report) identified that child welfare policy was needed to ensure that cases are identified and reviewed to determine if more intrusive intervention is needed to address persisting child protection concerns. The 2003 Summary Report reiterated the CAO's concern about the deleterious effects of exposure to family violence on the well-being of children.

This recommendation was forwarded on two files where infants died while residing in home environments that placed them at risk of abuse and neglect despite DCRE involvement. The CAO's review of DCRE services to these children found a long history of child protection concerns where the DCRE policy standard of ensuring that interventions are "as complete and intensive as necessary ... to bring about needed change to reduce risks and ensure the protection of the child" did not occur.

The DCRE has advised the CAO that they do not accept recommendation CDR.42 (99, 00). The DCRE advised that a number of policy standards are in place to regularly review and assess cases at a front line and supervisory level.

The CAO review of the practice applied in both of these cases found that the policy currently in place to ensure these children's safety was not sufficient. In both Child Death Reviews, the CAO found that the DCRE did not take into consideration the history when determining the level of intervention in relation to the on-going level of risk to the children. Again, similar to the seven children who died as a result of an assault (reported on in the *2001 Summary Report*), these deaths occurred in families characterized by violence, alcohol and substance abuse, past victimization, unemployment and poverty. In both situations, the CAO found no information to suggest that the DCRE conducted a comprehensive assessment or intervened to protect these infants or siblings. The need to balance a child's right to protection and the rights and duties of his or her parents is identified in the...

Action Required
The CAO will consider this recommendation to be fully implemented upon receipt of the updated policy and receipt of the training plan.
The CAO will consider this recommendation to be fully implemented upon receipt of the published Guide.
The CAO will consider this recommendation to be fully implemented upon implementation of an 'all death review' model.

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Children's Advocate Recommendations (cont.)

Recommendations	Action Taken
CDR.64 (00) That the Department of Community Resources and Employment clarify with the (Provincial Child Welfare Department) the process to be used to ensure that written information regarding children in need of protection is shared in an appropriate and timely manner.	The Department of Community Resources and Employment advised that the National Directors of Child Welfare were forming a working group to develop guidelines to operationalize the Inter-Provincial Protocol.
CDR.68 (01) That when children are placed with extended family (or significant other persons) as a result of a child protection concern, children must be provided with the same level of safety, through appropriate assessments, planning and support systems, as children in other out-of-home placements.	The Department of Community Resources and Employment has not provided a clear acceptance of this recommendation. The DCRE has advised that they are clarifying existing policy and procedures regarding Alternate Care and will consider this recommendation. The CAO believes that placements with extended family/significant others require the same level of assessment to ensure appropriateness of placement and safety as the DCRE-approved resources.
CDR.69 (00) That the Department of Community Resources and Employment's audit and review of services being provided to children placed in Approved Private Service Homes in relation to the policy standards outlined in the Children's Services Manual, be provided to the CAO by March 1, 2005.	The Department of Community Resources and Employment has advised that their audit and review has been completed. The DCRE advised the CAO that they will provide a summary of the findings and recommendations from this audit and review to the CAO in March 2006.
CDR.70 (99) That the Keewatin Yatthé Regional Health Authority and Saskatoon Regional Health Authority advise all health professionals that each incident where they believe that a child is in need of protection, needs to be reported to an officer or peace officer pursuant to The Child and Family Services Act.	Saskatoon Regional Health Region reported that they completed an education session for all staff and physicians. The training session outlined the legislative requirements, policy and procedure for reporting child protection matters. The Saskatoon Regional Health Authority advised staff that every incident where they suspect child abuse or neglect must be reported according to policy and legislation. The CAO is waiting for a response from the Keewatin Yatthé Regional Health Authority regarding their plan to implement this recommendation.

	Action Required
	The CAO will consider this recommendation to be fully implemented upon receipt of a copy of the updated Inter-Provincial Protocol.
	The CAO will consider this recommendation to be fully implemented upon receipt of policy that provides the same level of safety, thorough appropriate assessments, planning and support systems for children placed with extended family, as children placed in care of the Government.
	The CAO will consider this recommendation to be fully implemented upon receipt of the review and audit report outlined in the recommendation.
	The CAO will consider this recommendation to be fully implemented when Keewatin Yatthé Regional Health Authority implements a plan to fulfill the educational components of this recommendation.

[CDR.42 (99, 00); cont.]

...United Nations *Convention on the Rights of a Child.*

In both reviews, the DCRE's current policy of review did not result in practice decisions that provided an appropriate level of intervention in relation to the child's best interests and erred on the side of providing too many chances to the parent.

"Chronic cases with multiple reports require special attention in differential response. As in traditional child protection response, differential response begins with a specific report of child maltreatment. This system of response to a current situation or "incident" tends to downplay the importance of a pattern of chronic maltreatment that may cause cumulative harm to children."
(National Child Welfare Resource Centre for Family Centred Practice, 2002)

The CAO remains concerned that children who remain in higher risk situations, within their homes, are not afforded the same level of comprehensive management review as children who are placed in care. Given the severity and gravity of harm that these children are exposed to and the findings of the CAO's Child Death Reviews, the Children's Advocate has a legislated responsibility to continue to pursue this matter with Government to ensure that the children of Saskatchewan are afforded a level of service that will ensure comprehensive assessment of all children in need of protection.

It could be argued that children who remain in homes where child protection concerns have been substantiated, require a higher level of comprehensive assessment to ensure their ongoing safety and appropriate intervention, not less.

The Children's Advocate is of the opinion that this history of concerns regarding assessment and intervention strengthens the need for Recommendation CDR.42 (99,00) to be implemented.

Case History: Recommendation CDR.49 (99, 01)

The need for ensuring integrated case management services for children was initially identified in the 1996-1998 Summary Report and continued to present as an issue of concern in 41% (23 of 56) Child Death Reviews reported on in subsequent reports. Ten recommendations have been forwarded by the CAO regarding the need for improved coordination and communication between departments and agencies, including CDR.49 (99, 01). Although the importance of an Integrated Case Management (ICM) approach has been supported since 1998, resulting in a policy being established, the CAO continues to see the need to improve the practice of implementing this approach between Departments and Agencies.

Recommendation CDR.49 (99, 01) was forwarded by the CAO on two separate files where the CAO found that ICM policy involving the DCRE, Health, a Regional Health Authority, CPS, and Learning was not implemented in the case practice on those files.

	Action Required
	The CAO will consider this recommendation to be fully implemented upon receipt of a copy of the updated Inter-Provincial Protocol.
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[CDR.42 (99, 00); cont.]

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Children's Advocate Recommendations (cont.)

Recommendations	Action Taken	
CDR.71 (99) That the Keewatin Yatthé Regional Health Authority and Saskatoon Regional Health Authority advise all health professionals of the Department of Community Resources and Employment appeal process, and that it is available to them if child protection concerns persist despite referrals for intervention.	Saskatoon Regional Health Region reported that they completed an education session for all staff and physicians. The training session outlined the legislative requirements, policy and procedure for reporting child protection matters. The Saskatoon Health Authority advised staff that every incident where they suspect child abuse or neglect must be reported according to policy and legislation. The CAO is waiting for a response from the Keewatin Yatthé Regional Health Authority regarding their plan to implement this recommendation.	
CDR.75 (00) That the Department of Community Resources and Employment develop a policy regarding file reconstruction in situations where files are lost.	The Department of Community Resources and Employment advised the CAO that a policy on file reconstruction was being developed for inclusion into the Family Centred Services Manual.	
CAO.SYS.02 (05) That all government departments and agencies who provide services to children and families incorporate the judicial interpretation provided by the Supreme Court of Canada with regard to Section 43 of *The Criminal Code of Canada* into policy.	The Department of Community Resources and Employment has updated their interface with the Department of Community Resources and Employment Policy to provide direction to their workers where a youth they are dealing with has/is experiencing corporal punishment in his/her family home. The Department of Community Resources and Employment legal counsel is reviewing the Section 43 decision against their child welfare legislation and policy to determine if changes to policy and practice are required.	
CAO.SYS.04 (05) That Saskatchewan Learning enshrine the United Nations *Convention on the Rights of the Child* in the *Bullying and Harassment Prevention Model Policy*.	Saskatchewan Learning responded, advising that they would enshrine the United Nations *Convention on the Rights of the Child* into the policy.	
CAO.SYS.05(05) That Saskatchewan Learning incorporate youth voice into all aspects of the model policy.	Saskatchewan Learning stated they would ensure that youth voice was incorporated into all aspects of the model policy.	

Thirty-nine percent of Aboriginal youth in custody were reported to be involved with child protection agencies at the time of their admission - 16% were a ward of the state and 23% had an active file. Almost half (47%) of Aboriginal youth resided in a family that received social assistance as a primary source of income.
(Department of Justice Canada. *A One-Day Snapshot of Aboriginal Youth in Custody across Canada February 2004*)

Case History: Recommendations CDR.70 (99) & CDR.71 (99)

These recommendations were forwarded as a result of a Child Death Review that highlighted the need to clarify existing legislation (policy) to ensure a consistent practice of reporting child protection concerns each time such concerns are presented within a health care setting. In this review, health professionals had concerns about parental non-compliance with a child's medication regimen. This non-compliance presented serious health risks for the child.

The CAO review found that although the health professionals reported their concerns to an officer pursuant to *The Child and Family Services Act*, the concerns persisted. The obligation to continue to report protection concerns can be confusing when the health provider believes that child protection services may already be involved.

The CAO also found that health professionals did not report every incident when the parent's non-compliance with the child's medical regimen placed him at risk. The CAO believed it was essential to clarify with health professionals that the governing legislation requires a practice standard of reporting every incident when a parent's non-compliance with a child's medication regimen may harm a child, regardless of how recently the previous report was made.

Action Required
The CAO will consider this recommendation to be fully implemented when Keewatin Yatthé Regional Health Authority implements a plan to fulfill the educational components of this recommendation.
The CAO will consider this recommendation to be fully implemented upon receipt of this policy.
The CAO will consider this recommendation to be fully implemented when DCRE incorporates into their policy, the judicial interpretation provided by the Supreme Court of Canada with regard to Section 43 of *The Criminal Code of Canada*.
The CAO will consider this recommendation to be fully implemented upon receipt of this policy.
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Many children come to the attention of child welfare authorities for preventative intervention before they have been severely harmed. Physical harm was noted in 10% of substantiated maltreatment and was severe enough to require medical intervention in 3% of these cases. Emotional harm was noted in 20% of substantiated cases.

(Source: Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003), released October 4, 2005)

Children's Advocate Recommendations (cont.)

Recommendations

Recommendations	Action Taken
CDR.71 (99) That the Keewatin Yatthe Regional Health Authority and Saskatoon Regional Health Authority advise all health professionals of the Department of Community Resources and Employment appeal process, and that it is available to them if child protection concerns persist despite referrals for intervention.	Saskatoon Regional Health Region reported that they completed an education session for all staff and physicians. The training session outlined the legislative requirements, policy and procedure for reporting child protection matters. The Saskatoon Health Authority advised staff that every incident where they suspect child abuse or neglect must be reported according to policy and legislation. The CAO is waiting for a response from the Keewatin Yatthe Regional Health Authority regarding their plan to implement this recommendation.
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(Department of Justice Canada. *A One-Day Snapshot of Aboriginal Youth in Custody across Canada February 2004*)

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(Source: Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003), released October 4, 2005)

Children's Advocate Recommendations

Fully Implemented

Fully Implemented Recommendations

The CAO looks forward to being able to favourably report on fully implemented recommendations. Each year, the CAO will highlight implemented recommendations that have had a positive impact on government services to Saskatchewan children. This year, the CAO is pleased to report on the following recommendations that are considered Fully Implemented.

Recommendations	Action Taken
Recommendation CDR.77(01) That Saskatchewan Health and the Saskatoon Regional Health Authority work with the College of Physicians and Surgeons to implement systemic changes to address the issues identified in the review of services provided to [Named child].	The CAO forwarded Recommendation CDR.77 (01) as a result of a Child Death Review that identified systemic concerns regarding the reading, assessment and interpretation of diagnostic imaging [x-rays] when multiple hospitals are involved. The CAO referred this file to the College of Physicians and Surgeons who reviewed the medical services and identified systemic changes to improve services to Saskatchewan children.
CDR.32 (97, 99) That the Department of Community Resources and Employment create an accountable method for all foster parents to record and track all medical care and drug administration. Further, that in the event of a change in placement that this information is transferred with the child and that a copy is maintained on the Child Care file.	The Department of Community Resources and Employment's updated Children's Services Manual incorporated policy to ensure that foster parents record and track all medical care of foster children. In the event of a change in placement this information is maintained in the child's Life Book, which is to accompany the child from one placement to another and is maintained by the Department of Community Resources and Employment in the event that a child returns to care in the future. Compliance with these policies will be monitored through the ongoing work of the CAO.
CDR.35 (98) That the Intersectoral Committee established to review the recommendations of the March 8-10, 1999 Public Coroner's Inquest into the death of this child complete its review and provide a report to the Coroner and the Children's Advocate by no later than Sept. 2003. In addition, that future reviews of this nature be completed within a specified time line.	Saskatchewan Health provided a copy of the 2001 Inquest report as requested, as well as an update on the recommendations made by the Intersectoral Review Committee that was struck to review the death.

	Systemic Impact
	Implementation ensures reading, assessment and interpretation of x-rays of children during their admission. This is of particular importance when issues identified indicate that the child may require protective intervention.
	The DCRE's enhancement to their existing policy will potentially impact all children in care to optimize continuity in medical treatment. This will ensure: • that essential prescription treatments are completed to promote the child's optimal physical and mental health. • overdose prevention when multiple caregivers are involved.
	That timely reviews - are better able to have a positive impact on public policy.

Child Maltreatment in Canada

Are more children being abused and neglected, or are child welfare agencies becoming more effective in detecting maltreatment?

The second *Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003)*, released on October 4, 2005, shows that the rate of substantiated maltreatment in Canada (excluding Quebec) increased 125%. There are many reasons to explain the overall increase, including changes in reporting and investigation practices. These include increased awareness by professionals, changes in legislation and case management, CIS reporting and the actual rate of maltreatment.

The Study reported the three primary categories of substantiated maltreatment as:

- **Neglect (30%), exposure to domestic violence (28%), and physical abuse (24%)**

Other Highlights

- **In five years (since 1998) the number of investigations of suspected child abuse and neglect doubled.**
- **Girls were more often victims of sexual abuse and boys were more often victims of physical abuse.**
- **Physical and sexual abuse are more prevalent among older children, whereas younger children are more often victims of exposure to domestic violence.**
- **Children living in two-parent families represented 52% of substantiated cases.**
- **The police (31%) and school personnel (21%) accounted for more than half of all referrals.**
- **61% of substantiated investigations involved families known to have had previous contact with child welfare services.**
- **Following investigation, 44% of substantiated cases were kept open for ongoing services.**

Did You Know?

- **In 2001, 50% of Saskatchewan children identified as Aboriginal lived in poverty, as compared with a 40% poverty rate among all Aboriginal children nation-wide.**

(Source: Campaign 2000, 2005 Report Card on Child Poverty in Saskatchewan)

- **In 2003, the incidence of child poverty in Saskatchewan was 18.3%, as compared with 17.6% of Canadian children living in poverty.**

(Source: University of Regina, Social Policy Research Unit, November 2005 Report Card on Child Poverty in Saskatchewan)

- **In 2003, Saskatchewan ranked only ahead of Alberta, Manitoba and Nunavut, among all 10 Provinces and 3 Territories comparing infant deaths per 1000 live births in Saskatchewan (6.3) versus the national average (5.3).**

(Source: Saskatchewan Health Statistics as presented at the Perinatal Infant Health Forum, Saskatoon, March 9, 2006)

Children's Advocate Recommendations

Fully Implemented

Fully Implemented Recommendations

The CAO looks forward to being able to favourably report on fully implemented recommendations. Each year, the CAO will highlight implemented recommendations that have had a positive impact on government services to Saskatchewan children. This year, the CAO is pleased to report on the following recommendations that are considered Fully Implemented.

Recommendations	Action Taken
Recommendation CDR.77(01) That Saskatchewan Health and the Saskatoon Regional Health Authority work with the College of Physicians and Surgeons to implement systemic changes to address the issues identified in the review of services provided to [Named child].	The CAO forwarded Recommendation CDR.77 (01) as a result of a Child Death Review that identified systemic concerns regarding the reading, assessment and interpretation of diagnostic imaging [x-rays] when multiple hospitals are involved. The CAO referred this file to the College of Physicians and Surgeons who reviewed the medical services and identified systemic changes to improve services to Saskatchewan children.
CDR.32 (97, 99) That the Department of Community Resources and Employment create an accountable method for all foster parents to record and track all medical care and drug administration. Further, that in the event of a change in placement that this information is transferred with the child and that a copy is maintained on the Child Care file.	The Department of Community Resources and Employment's updated Children's Services Manual incorporated policy to ensure that foster parents record and track all medical care of foster children. In the event of a change in placement this information is maintained in the child's Life Book, which is to accompany the child from one placement to another and is maintained by the Department of Community Resources and Employment in the event that a child returns to care in the future. Compliance with these policies will be monitored through the ongoing work of the CAO.
CDR.35 (98) That the Intersectoral Committee established to review the recommendations of the March 8-10, 1999 Public Coroner's Inquest into the death of this child complete its review and provide a report to the Coroner and the Children's Advocate by no later than Sept. 2003. In addition, that future reviews of this nature be completed within a specified time line.	Saskatchewan Health provided a copy of the 2001 Inquest report as requested, as well as an update on the recommendations made by the Intersectoral Review Committee that was struck to review the death.

Systemic Impact
Implementation ensures reading, assessment and interpretation of x-rays of children during their admission. This is of particular importance when issues identified indicate that the child may require protective intervention.
The DCRE's enhancement to their existing policy will potentially impact all children in care to optimize continuity in medical treatment. This will ensure: • that essential prescription treatments are completed to promote the child's optimal physical and mental health. • overdose prevention when multiple caregivers are involved.
That timely reviews are better able to have a positive impact on public policy.

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Children's Advocate Recommendations (cont.)

Fully Implemented

Recommendations	Action Taken	
CDR.39 (99) That children in care have their health needs carefully assessed, monitored and documented. The full range of health services that parents provide to their children must be maintained by Government as parent, including regular health check-ups, up-to-date immunizations, dental check-ups and follow-up, as well as any specialized care required, such as eyeglasses, mental health counseling or orthodontic work.	The DCRE's updated Children's Services Manual incorporated policy to "...ensure that the medical and dental needs of children in care are met" (DCRE, Children's Service Manual, S. 11.3). This Policy Manual outlines standards to ensure that the health needs of children in care are immediately assessed, monitored and documented in the child's Life Book and on file. This includes "a medical checkup at the time or within a week of admission to care; up-to-date immunizations as prescribed by the Department of Health; an annual medical examination; and a dental checkup twice per year." DCRE policy outlines that a full range of health services will be provided to children in care of the Minister. Compliance with these policies will be monitored through the ongoing work of the CAO.	
CDR.41 (99) That the Department of Community Resources and Employment ensure that the specialized services required for children diagnosed with Fetal Alcohol Spectrum Disorder or other conditions related to prenatal exposure to alcohol be carefully and thoroughly detailed, utilizing a multi-disciplinary strategy routinely provided to children in care diagnosed with these conditions.	The DCRE advised that the Cognitive Disability Strategy would address this recommendation (DCRE, 2005, Sept. 21). In addition to this provincial initiative, the DCRE's updated Children's Services Manual provides numerous policy directives to ensure that "the department shall make every effort to ensure that the medical and dental needs of children in care are met" (DCRE, Children's Services Manual, S. 11.3). This includes "a medical checkup at the time or within a week of admission to care" (DCRE, Children's Services Manual, S. 7.16). DCRE policy outlines that a full range of health services will be provided to children in care of the Minister. A multi-disciplinary approach is required by the DCRE Family Service policy for all children who are in receipt of their services. Compliance with these policies will be monitored through the ongoing work of the CAO.	
CDR.48 (99) That the Department of Community Resources and Employment develop a directive or policy in the *16/17 Year Old Program Policy and Procedures Manual* pertaining to contact standards with service recipients.	The Department of Community Resources and Employment provided the CAO with a copy of a practice standard document regarding contact standards that have been incorporated into the *16/17 yr. Old Program Policy and Procedures Manual*. Compliance with these policies will be monitored through the ongoing work of the CAO.	

	Systemic Impact
	The DCRE's enhancement to its existing policy will potentially impact all children in care to better ensure their medical needs are appropriately assessed and addressed to promote the child's optimal physical and mental health.
	The DCRE's enhancement to its existing policy will ensure that children affected by FASD and in care of the Minister will receive the full health continuum of services they are entitled to and require.
	That children receiving services under the 16/17 Year Old Program receive the same level of services afforded other children in receipt of child welfare services and are not discriminated against as a result of their age.

CAO Conferences, Meetings & Presentations

As part of its public education mandate, the Children's Advocate Office participates in a number of conferences and public presentations. In 2005 these included:

Conferences, Public Consultations and Annual Meetings

- **1st Annual Caregiver/Foster Parent Gathering, Peter Ballantyne ICFS, Saskatoon Aboriginal People & the Criminal Justice System in Saskatchewan: What Next?, Saskatoon**
- **Attachment Workshop, Saskatchewan Prevention Institute, Saskatoon**
- **Freedom, Justice, Peace CASHRA 2005 Annual Conference, Saskatoon**
- **Gaining Insight - A Focus on Fetal Alcohol Spectrum Disorder, FASD Pre-Conference, Saskatoon**
- **Innovation in Aboriginal Child Welfare Practices, 6th Annual National First Nations Child and Family Services Conference 2005, Victoria**
- **Moving Forward Conference, Saskatoon (included display)**
- **Our Youth: Their Future...Building Strong Foundations PAGC 2005 Education Conference, Prince Albert (display only)**
- **Resource Fair, Nutana Collegiate, Saskatoon**
- **Responding to the Needs of Children and Youth Who Have Experienced War and Violence, Immigrant Women of Saskatchewan, Saskatoon**
- **Saskatchewan Association for Community Living, 50th Anniversary Open House, Saskatoon**
- **Saskatchewan Foster Families Association Inc., Opening Ceremony and Open House, Saskatoon**
- **The Gathering of Voices, Prince Albert Youth Activity Centre**
- **UN Secretary-General's Study on Violence Against Children Roundtable, Toronto**

Children's Advocate Recommendations (cont.)

Fully Implemented

Recommendations

Recommendations	Action Taken
CDR.61 (99) That the Government of Saskatchewan ensure that postmortem examinations of children are performed by pathologists who have expertise in pediatric pathology.	The Department of Justice has hired one forensic pathologist, and will be hiring another, who are eminently qualified and experienced in handling medico-legal autopsies, adult or pediatric. Of these two positions, the Chief Forensic Pathologist is responsible for overseeing autopsy services with respect to the Office of the Chief Coroner. This will include monitoring services but more importantly, developing and implementing specific guidelines/protocols/standards for autopsy services. Compliance with this commitment will be monitored through the ongoing work of the CAO.
CDR.67 (01) That the Department of Community Resources and Employment, and Corrections and Pubic Safety ensure that workers receive training on the needs of immigrant children affected by war in their country or origin.	Direction and support in the development of case plans responding to issues immigrant youth may be experiencing will be provided by the CPS. The DCRE has broadened the scope of its comprehensive child welfare training to include children affected by war. A Multi-Cultural Risk Assessment tool has been added to the Family Centred Services Manual.
CDR.74 (00) That the Department of Community Resources and Employment and Regina Police Service develop a protocol to ensure that the Department of Community Resources and Employment and/or Mobile Crisis Service are advised in situations where parents have been detained and there are children for whom alternative care is required.	The Regina Police Service issued a Departmental notice reminding members of their responsibilities under *The Child and Family Services Act*, including notifying the DCRE when arresting or removing parents from a home. There is an expectation that the police advise the DCRE or Mobile Crisis whenever there is a need to find alternate care arrangements for a child. Several meetings have occurred between the DCRE and the Regina Police Service to discuss these issues to better ensure appropriate communication between the two services.
CAO.SYS.1 (05) That the Department of Learning amend *The Education Act* to prohibit the use of corporal punishment in Saskatchewan Schools.	This recommendation is fully implemented as a result of the proclamation of Bill No. 114 of 2004-05, *An Act to amend The Education Act, 1995* on May 27, 2005.

Did You Know?

- **Saskatchewan incarcerates more children per capita than all other Canadian provinces.**
  (Department of Justice Canada, December 2002)
- **In Saskatchewan, Aboriginal youth are 30 times more likely to be incarcerated, as compared to non-Aboriginal youth.**
  (Department of Justice Canada, A One-Day Snapshot of Aboriginal Youth in Custody across Canada, February 2004)
- **In 2005, the average daily count of children in custody stabilized at 206, a 41% decrease compared to 350 per day, five years ago. While a positive decrease, Saskatchewan still continues to have one of the highest rates of children in custody per capita than other provinces in Canada.**
  (Source: CPS, 2005)

	Systemic Impact
	Improved effectiveness of all postmortem examinations of children when performed by pathologists who have expertise in forensic and pediatric pathology.
	Immigrant children affected by war will receive services from government workers who will have an enhanced understanding of issues experienced by immigrant youth.
	Ensuring regular and ongoing communication between the DCRE and Police Service will enhance the comprehensiveness of protection services provided to children in Regina, ensuring that safe and appropriate arrangements are made for them when parents have been detained.
	That the inherent dignity and physical security of children are respected.

[CAO Conferences, Meetings & Presentations cont.]

- **World Conference on Prevention of Family Violence 2005, Banff**
- **Youth Empowerment Youth Conference, Sturgeon Lake Central School, Shellbrook**
- **Youth Growing with Saskatchewan – 100 Years, 12th Annual Youth Outdoor Wellness Conference, Ile-a-la-Crosse**

Community Groups and Agencies

- **Canadian Association for Community Living, Saskatoon (display only)**
- **Family Healing Circle Lodge, Saskatoon**
- **Grandparents Involved Full-Time with Their Grandchildren Support Group, Saskatoon**
- **Regina Qu'Appelle Health Region, Wascana Rehabilitation Centre, Regina**
- **Royal University Hospital, Psychiatric Unit, Saskatoon**
- **St. Mary's Community School (bullying focus group), Prince Albert**
- **Saskatchewan Association of School Councils, Westview Community School, Prince Albert**
- **Canada Northwest FASD Conference, Victoria, B.C.**

Youth

Post-Secondary Education

- **College of Graduate Studies & Research, University of Saskatchewan, Saskatoon**
- **College of Law, University of Saskatchewan, Saskatoon**
- **Department of Psychology, University of Saskatchewan, Saskatoon**
- **Department of Sociology, University of Saskatchewan, Saskatoon**
- **Early Childhood Education Program, SIAST, Kelsey Campus, Saskatoon**
- **Faculty of Social Work, University of Regina, Saskatoon**
- **SIAST, Woodland Campus, Prince Albert**
- **Youth Care Worker Program, SIAST, Kelsey Campus, Saskatoon**

Government Departments or Agencies

- **Family Support Centre, Saskatchewan Community Resources and Employment, Saskatoon**
- **Saskatchewan Community Resources and Employment, Regional and Service Centre**

Offices

- **La Loche**

[End]

2005 Highlights

2005 Highlights

2005 was a very busy and exciting year for the Children's Advocate Office.

Deborah Parker-Loewen, PhD, Saskatchewan's first Children's Advocate, completed her tenure of 10 years. Ms. Parker-Loewen's contributions as Children's Advocate were significant and she left an impressive legacy on which to build.

Glenda Cooney, Deputy Children's Advocate, acted in her stead and then as Children's Advocate until the recruitment selection, and appointment of a new Children's Advocate could be completed.

On May 26, 2005, Marvin M. Bernstein, B.A., LL.B., LLM was announced as Saskatchewan's second Children's Advocate for his first five-year tenure, and took office in September 2005.

Marv Bernstein with Premier Calvert on occasion of his appointment as Saskatchewan's second Children's Advocate on May 26, 2005.

Marv and his wife Helen with the Speaker of the House, Hon. P. Myron Kowalsky.

A number of staff of the CAO were recognized for their expertise and contributions to the protection and well-being of children and their rights.

Roxane Schury, CAO Advocate, is presented with her award by Lionel Bonneville

Roxane Schury, an advocate with CAO was recognized for her contributions and work with the University of Regina's *Distinguished Alumni Award Humanitarian/Community Service Award.* Here's how the University described Roxane and her work:

> *"Since 1998, as an advocate for the Saskatchewan Children's Advocate Office, she has protected the interests of Saskatchewan young people and given a voice to children who might not otherwise be heard. She also serves on numerous boards and committees and continues to work to oppose harassment and racism."*

In 2005, the Child Welfare League of Canada sponsored a Youth Leadership Award. The Children's Advocate Office nominated Jessica McFarlane for the award and she was selected as

Geoff Pawson, Past President of the CWLC, presents Jessica with her award.

the 2005 recipient of the Youth Leadership Award.

Jessica has had direct involvement with the Children's Advocate Office in her role as a member of the CAO's Provincial Youth Delegation. She continues her involvement with our Office through her work as the President of the Saskatchewan Youth In Care and Custody Network. The CAO was honoured to nominate Jessica for this award and is very proud that her accomplishment for advocacy on behalf of youth in this province was recognized nationally.

Glenda Cooney, Deputy Children's Advocate was also recognized for her long-serving contribution to Saskatchewan and received the prestigious Saskatchewan's Centennial Medal.

Glenda Cooney, Deputy Children's Advocate, with Her Excellency Lt. Governor, Linda Haverstock on occasion of receiving the Saskatchewan Centennial Medal.

Glenda has had a long career serving the people of Saskatchewan in a variety of roles with Independent Offices of the Legislature. In November 2002, she was appointed to the Commission on First Nations and Métis Peoples and Justice Reform. This Commission was mandated to address concerns about the treatment of First Nations and Métis people by the justice system, particularly the police services.

Saskatoon Communities for Children (C4C)

Marv Bernstein, Saskatchewan's Children's Advocate speaks at International Children's Day

celebrated International Children's Day (November 20th, 2005) and recognized the latest Campaign 2004 Report Card on Child Poverty (November 24th, 2005). Marv Bernstein, Children's Advocate, was the special guest speaker who provided an update and overview on the state of affairs with regard to children in Saskatoon. C4C fosters collaboration, partnership and meaningful citizen involvement to develop effective actions and responses to children's issues.

Children's Advocates from across Canada gather at the CCPCYA to discuss Youth Engagement

CAO youth and advocates attended the Canadian Council of Provincial Child and Youth Advocates (CCPCYA) conference on Youth Engagement held in Halifax, September 28 to September 30, 2005. The conference focused on the challenges of enhancing youth engagement including: asking youth to define the issues; actively seeking feedback from youth; taking advocacy to where kids are; training youth to develop skills; mentoring versus supervising youth; and recognizing youth transitional needs, to name but a few.

Marv Bernstein participates in the Ribbon Cutting, celebrating the Grand Opening of the Saskatchewan Foster Families Association's Saskatoon Office.

CAO Administration

In order to maintain excellence in management, decision-making and policy direction, the Children's Advocate Office has adopted an Operational Model which better reflects the priorities of the Office and has identified categories of emphasis that will guide the work of the CAO in the future. In 2006, the CAO will extrapolate benchmarks and outcomes that will assist the Children's Advocate in making strategic management decisions concerning human resources, technology, capital expenditures, communications and public education planning, as well as financial resources and allocations.

BUDGETARY EXPENDITURES	2003-04 BUDGET	2004-05 BUDGET	2005-06 BUDGET
Personal Services	$778,000	$741,000	$763,000
Contractual Services	$147,000	$144,000	$174,000
Advertising, Printing & Publishing	$35,000	$30,000	$31,000
Travel & Business	$109,000	$95,000	$90,000
Supplies & Services	$7,000	$7,000	$7,000
Capital Assets	$3,000	$5,000	$12,000
Transfers & Other Expenses	--	--	--
Debt, Loans & Fund Specific Codes	--	--	--
Special Warrant	--	--	--
Budgetary Total	$1,079,000	$1,022,000	$1,077,000
STATUTORY EXPENDITURES			
Personal Services	$128,000	$128,000	$129,000
Statutory Total	$128,000	$128,000	$129,000
TOTAL Budgetary and Statutory	**$1,207,000**	**$1,150,000**	**$1,206,000**

Our Vision

The vision statement of the Children's Advocate Office (CAO) exemplifies the powers and responsibilities of the Children's Advocate and our Office:

"The interests and well-being of children and youth are respected and valued in our communities and in government practice, policy and legislation. "

Who We Serve

The Children's Advocate is an independent officer of the Legislative Assembly of Saskatchewan and acts pursuant to *The Ombudsman and Children's Advocate Act*. The Children's Advocate has the legislated responsibilities to:

- become involved in public education respecting the interests and well-being of children;
- receive, review and investigate any matter concerning a child or group of children, or services to a child or group of children by any government department or agency; and
- where appropriate, resolve these matters through non-adversarial approaches and/or make recommendations on such matters.

The Children's Advocate may also conduct research or advise any Minister responsible on any matter relating to the interests and well-being of children.

Our Goals and Objectives

The Children's Advocate Office has identified five (5) overarching goals for the organization that represent the vision and mandate of the CAO.

The goals outline the types of activities that the organization will undertake in order to promote the protection of the rights of children and young persons and ensure that they receive the level of service that they need and are entitled to from the Government of Saskatchewan.

These goals are to:

- Advocate for the interests and well-being of children;
- Promote public accountability through comprehensive investigations;
- Educate people on the interests and well-being of children;
- Affect systemic change to promote the interests and well-being of children; and
- Provide high quality service.

Priority Areas

The operational activities of the Children's Advocate Office focus on five (5) key priority areas. Each of these areas contributes in a significant way to the CAO's ability to identify key issues, increase awareness of challenges and opportunities, promote systemic change, and advocate with and on behalf of children and young persons. They are as follows:

- Individual and group advocacy;
- Investigations;
- Public education and youth voice;
- Systemic advocacy; and
- Administration.

Guiding Principles

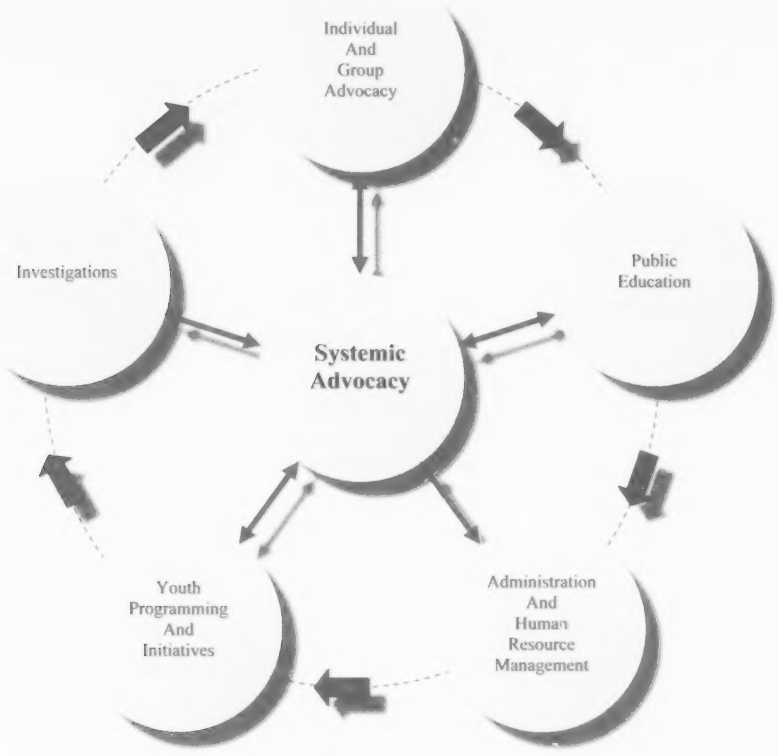
The principles that guide the day-to-day operations of the Children's Advocate Office highlight the respect, value and dignity established in the relationship that the CAO has with its primary audience, Saskatchewan children and youth.

The Children's Advocate Office believes that all people, particularly children, must be treated with respect, recognizing their inherent dignity as human persons. The Children's Advocate Office will:

- Act in accordance with *The Ombudsman and Children's Advocate Act*;
- Give priority to children in all activities undertaken by the Office;
- Deliver advocacy services that are respectful, appropriate, accessible, accountable, timely, lawful, and consistent, irrespective of the child's location, circumstance, culture or background;
- Respect the right to privacy of the child as well as all other parties involved in the advocacy process;
- Provide services that are consistent with principles of administrative fairness; and
- Act in accordance with the Children's Advocate Office Code of Ethics/Code of Conduct.

Operational Model (cont.)

The following operational chart demonstrates the interrelationship of each of the priority areas of the Children's Advocate Office. The Operations Model also highlights the commitment that the organization has to the central activity of Systemic Advocacy. All operational and administrative functions of the CAO contribute to the advancement of systemic change.



Staff

as at December 2005 (CA plus 12.1 FTE's)

Glenda Cooney, Deputy Children's Advocate
John Brand, Director of Advocacy Services
Bernie Rodier, Director of Administration
Sharon Chapman, Director of Communications (LOA)
Rick Jorgensen, Director of Communications (Term)

Rhonda Johannson, Advocate
Marcel St. Onge, Advocate
Roxane Schury, Advocate
Shaun Soonias, Advocate

Connie Braun, Advocate (Term)
Elaine Thomas, Advocate
Vanesa Vanstone, Advocate

Caroline Sookocheff, Exec. Admin. Assistant
Sandi Elliot, Administrative Assistant
Penny Fairburn, Administrative Assistant

Gillian Gough, Youth Facilitator
Katrina Kindrachuk, RAP Co-ordinator

Gord Mayer, General Counsel (Provincial Ombudsman & CAO)